



Capitol Region Watershed District Stop the Rain Drain Reimbursement Form

1. Participant

Name: _____

Address: _____

Home phone: _____ Cell phone: _____ Email: _____

2. Project Details

Garage, one side Garage, both sides Other

Sketch two drawings of your garage, one before the work was done, and another showing where gutters, elbows, downspouts or other gutter accessories were installed and/or redirected onto lawn, garden or other planted areas:

Before

After

3. List supplies and/or rain barrels purchased for this project and attach original receipts.

4. Reimbursement

Linear feet of installed gutter x \$4* _____

Number of rain barrels x \$50 each _____

Other redirection supplies (describe in list above) _____

TOTAL reimbursement request \$ _____

**Do not include length of downspouts, elbows or extensions in linear feet*

5. Agreement

In order to help prevent polluted runoff, I, (Name) _____, a resident of Capitol Region Watershed District, certify that I have redirected gutter downspouts as described above from a hard surface (driveway, alley, sidewalk or other pavement) onto lawn, garden or other planted area as described above on (Date) _____ .

Signed _____ Date _____

Capitol Region Watershed District

1410 Energy Park Drive • Suite 4 • St. Paul, Minnesota 55108
651.644.8888 • fax 651.644.8894 • www.capitolregionwd.org