

# REQUEST FOR REIMBURSEMENT

State of Vermont  
Lead Testing of Drinking Water

**MAIL TO:**

VT Dept of Health  
Environmental Health  
280 State Drive  
Waterbury, VT 05671-8350

**Date:** \_\_\_\_\_

**Include a copy of all receipts and  
itemized invoices.**

**EMAIL TO:** [AHS.VDHEnvHealth@vermont.gov](mailto:AHS.VDHEnvHealth@vermont.gov)

Check your eligibility at  
[www.HealthVermont.gov/LeadTesting](http://www.HealthVermont.gov/LeadTesting)

**FROM:**

**School/Child Care Name:**

Note the maximum reimbursement  
amounts per facility:

**Mailing Address:**

**Child Care Providers:** \$3,000

**Schools:** \$8,000

(Note: reimbursement is available for  
a limited number of schools.)

**Email:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Fixture type – Check ONE box**

<b>Initial first draw lab ID # for tap*</b>	<b>Public drinking fountain or ice machine</b>	<b>Cooking fixture</b>	<b>Other fixture</b>	<b>Cost (All parts and labor)</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<b>You may print multiple pages if needed.</b>			<b>TOTAL</b>	

\*The initial first draw lab ID # can be found by looking up your results at [LeadResults.vermont.gov](http://LeadResults.vermont.gov) and clicking on the Tap Summary Cards tab.