



Tsé Ał Náoztí'í Chapter Government

P.O. BOX 219 Sanostee, NM 87461

Phone: (505)723-2702 ~ Fax: (505)723-2705 ~ Email: sanostee@navajochapters.org

APPLICATION FOR ASSISTANCE REQUEST

Date: _____

Contact Phone Number: _____

Name of whom Assisting: _____

Registered Voter: Y / N

*Must be a registered voter

Have you previously received Septic Cleaning Assistance Before?

YES: _____ NO: _____

If so, when was the date of the help received? _____

FUNDING REQUEST:

Location for Septic Service, Event or Other: _____

(Space to draw map on back of form)

For Septic Assistance, \$135.12 **MUST** be paid by **MONEY ORDER** at the Chapter. We will contact you when the Septic company is Scheduled. It is your responsible to dig area for septic company.

Signature: _____

Date: _____

******DO NOT WRITE BELOW *** ADMINISTRATION USE ONLY******

Registered voter verified by _____ Date: _____

(If under the age of 18, a parent must be a registered voter.)

APPROVED: _____

NOT APPROVED: _____

Community Service Coordinator

Date

METHOD OF PAYMENT: MONEY ORDER ONLY	
DATE RECEIVED:	
AMOUNT:	
MONEY ORDER NUMBER:	



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Draw a detailed Map to your home:

System Access dug up?

3D septic & Pumping LLC, 505-444-091 3ddpumping@gmail.com