

VILLAGE OF OBETZ

APPLICATION FOR LEAK CREDIT

Please Print - All Information Is Required For Consideration

For Office Use Only

Account # _____

Name On Account _____

Address _____

Phone # _____

Contact Person _____

Phone # _____

Date Leak Was Discovered _____

Date Leak Was Repaired _____

Did Leak Occur Inside YES NO

If Yes Explain Where _____

Did Leak Occur Outside YES NO

If Yes Explain Where _____

Where Did The Water Go _____

Please Attach All Copies Of Proof On Back Of Application

Signature _____

Date _____

Date Received

Date Acct. Opened

Acct. Yearly Average

Any Past Leak Credits

Remarks:

Inspected By _____

Date

Remarks:

Approved By _____

Date

Denied By

Date

Reason For Denial