



**SANITARY SEWER CREDIT APPLICATION FORM**

City of Beloit Water Resources Division  
2400 Springbrook Court  
Beloit, WI 53511  
Office: 608-364-2888  
[www.beloitwi.gov](http://www.beloitwi.gov)

Date of application: \_\_\_\_\_ Account number: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Account address if different than above:*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Reason for request:
- Water entered sewer due to equipment failure (leaky toilet, faucet, etc.)
  - Water did not go into sewer – Discharged on the ground
  - Water did not go into sewer – Went into basement, no floor drain
  - Water did not go into sewer – OTHER, please explain below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of occurrences: \_\_\_\_\_ Amount requested \$ \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
*City use only*

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credit Approved  Credit Not Approved Amount of credit \$ \_\_\_\_\_

\_\_\_\_\_  
City Authorization Signature Date