



## Sanitary Sewer Credit Application Form

City of Beloit Water Resources Division  
 2400 Springbrook Court, Beloit, WI 53511  
 Office: (608) 364-2888 Fax (608) 364-2879  
[www.beloitwi.gov](http://www.beloitwi.gov)

*INSTRUCTIONS: This form must be completed in its entirety and returned to the Department above in order for your request to be processed.*

Date:		Account Number:	_ _ _ _ _	Parcel Number	_ _ _ _ _
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**Applicant Information**

Name:		Address:	
Phone:		Email:	

**Property Owner Information (if different from the address above)**

Name:		Address:	
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**Reason for request**

<input type="checkbox"/>	Water entered sewer – NO CREDIT AVAILABLE
<input type="checkbox"/>	Water did not go into sewer – Discharged on the ground, please explain below
<input type="checkbox"/>	Water did not go into sewer – OTHER, please explain below


*Please enclose documentation of the leak and how it was repaired to assist with determining any applicable credit. Examples of documentation include: plumber bill, receipt(s) for parts/repair, photos, etc.*

**Applicant Authorization**

Date(s) of occurrence:		Amount requested \$	
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Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Ordinance Authority**

*Authority: City of Beloit Municipal Code 29.05(3)(d) - The Public Works Director may authorize a reduction in sewer service charges if the Public Works Director is able to estimate the amount of water consumed by a user which is not discharged to the wastewater treatment system because of a leak in the user's plumbing or appliances.*

**City Use Only**

<input type="checkbox"/>	Credit Approved	<input type="checkbox"/>	Credit Denied	Amount of Credit: \$	_____
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Comments:	

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