



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

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: _____