



# Town of Hillsboro Beach Water Department



## Customer Request for Water Credit

### CUSTOMER INFORMATION:

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Email Address: \_\_\_\_\_

Service Address: \_\_\_\_\_ Acct Number: \_\_\_\_\_

Meter Service: Domestic or Irrigation (Circle One) If Domestic: Single or Multi Residential (Circle One)

### REASON FOR CREDIT REQUEST:

Location of Leak: \_\_\_\_\_ When was leak discovered: \_\_\_\_\_

Describe the reason for credit request: (add photos if needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What recourse was taken to repair leak: \_\_\_\_\_

\_\_\_\_\_

### Certification:

I certify that the above information contained in the request is, to the best of my knowledge, correct and represents a complete and accurate statement. By signing below, I agree to allow Hillsboro Beach Water Department staff on site to review and verify the above information (as needed).

\_\_\_\_\_  
(Please sign) (Printed Name) (Date)

### Hillsboro Beach Staff Only

Date Received: \_\_\_\_\_ Processed: \_\_\_\_\_

Confirmed Leak (yes or no): \_\_\_\_\_

If Yes - Calculated water loss and explanation: \_\_\_\_\_

\_\_\_\_\_

Water Dept Staff Signature: \_\_\_\_\_ Date forwarded to Town Administrator: \_\_\_\_\_

Decision Date: \_\_\_\_\_ Approved By: \_\_\_\_\_