



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 _____ Irrigation _____ If Domestic: Single _____ Multi _____ Residential

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: (copy of repair bill from licensed plumber must be included with form)

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 forward to Town Manager: _____

APPROVED: _____	DENIED: _____	SIGNATURE: _____
DATE: _____	REASON: _____	