

REGIONAL WASTE & WATER DISTRICT

13 SW Wren Parkway Greensburg, Indiana 47240 812-527-2943 FAX 812-527-2766

rwwd@lake-santee.com

REQUEST FOR A SEWER POOL CREDIT

Requests must be received within 30 days of the date of the bill for which an adjustment is requested.

NAME: _____ DATE: _____

ADDRESS:			
DAYTIME PHONE NUN	ИBER:		
EMAIL ADDRESS:		ACCOUNT NUMBER:	
DATE OF POOL FILL:			
 Credits for filling sw period. 	vimming pools are limited to o	ne per residence or rate pay	ver in a twelve consecutive month
of the four months	•	oool. If rate payer has not	ver bill based on the consumption had an account with Lake Santee sequent to the filling.
<u>-</u>	ewer bill has been calculated, to the ne		fference between the average bil
• CONTINUE TO PAY ON A SUBSEQUENT		ERVICE INTERRUPTION. AN	Y APPROVED CREDIT WILL APPEAR
SIGNATURE OF ACCOL	JNT HOLDER:		
FOR OFFICE USE ONLY	/ :		
DATE	CONSUMPTION	CHARGE	AVERAGE