



CUSTOMER CREDIT REQUEST FORM

DATE: _____

ACCOUNT NUMBER: _____

CUSTOMER NAME: _____

CUSTOMER PHONE #: _____

PROPERTY ADDRESS: _____

REASON FOR REQUEST: _____

****Attach additional information if necessary, if a water line froze or broke resulting in excess usage, please include pictures.****

CUSTOMER SIGNATURE

Office Use Only	
USAGE (GAL):	_____
AVERAGE USAGE (GAL):	_____
USAGE CREDIT (GAL):	_____
CREDIT (DOLLARS):	_____
AUTHORIZATION:	
Administrator	Finance Director