SPRINKLING CREDIT

NEW SOD / NEW GRASS SEED

I, _____ request a sewer credit for new sod/new grass seed. The property is located at _____ Trafalgar, Indiana. The sod /grass seed was laid/sewn in the month of _____, 20___.

* All credit is based on the amount of water usage over and above the previous 3 months average. If you do not have an average, the credit will be based on a Town average of 6000 gallons per month.

* Sod sprinkling credit will be issued for no more than 2 billing cycles.

*This request is granted solely upon representation herein stated, but the same is subject to being revoked upon proof that the water is not being used as indicated in this request.

_____ _____

CUSTOMER SIGNATURE DATE

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OFFICE USE ONLY

NAME_____ ADDRESS_____

ACCOUNT#_____ MONTHLY AVERAGE USAGE_____

SPRINKLING CREDIT GALLONS_____CREDIT GIVEN$_____ DATE_____

TOWN REPRESENTATIVE_____

RETURN TO: utilitybilling@townoftrafalgar.in.gov