

Sanitary Sewer Rebate Application

Name of Customer:	Please print	Date:		
Please indicate if you are the Address of Property:	Owner or Tenant			
Please indicate if the above a	address is a commercial or ind	ustrial operation		
□Commercial □Industrial				□Intuitional
	the operation:			
Telephone #: Water/Sewer Billing Accoun	Title):			
indicate the data year:				
	Annual Wastewater Diverted f	rom Sanitary System	ns	
6. Products 7. Process 8. Environmental (e.g. air co 9. Wastewater hauled off site 10. On-site treatment (e.g. se				m ³ m ³ m ³ m ³ m ³ m ³
11. Other (specify) B= (6+7+8+9+10+11)				$\frac{\mathrm{m}^3}{\mathrm{m}^3}$
I hereby make this application read the form and confirm the		de by the provisions	of this fo	a Sanitary Sewer Rebate. I have orm. The Consumer will
Authorized Signature:		Date:		
Certified by:		Professional Engi	neer Lice	nse #