

*Glandorf Utilities Department*  
*203 N. Main Street, P.O. Box 91*  
*Glandorf, OH 45848*  
*(419)538-6953*  
[www.villageofglandorf.com](http://www.villageofglandorf.com)

**APPLICATION FOR CREDIT OF NON-SEWERED WATER**

Mail to: Glandorf Utilities Department      OR   email: [utilities@villageofglandorf.com](mailto:utilities@villageofglandorf.com)  
203 N. Main Street, P.O. Box 91  
Glandorf, OH 45848

**Please note:** By completing this form, there is no guarantee that a credit will be applied to your account. Upon review of your request, you will be notified by phone or letter if a credit has been approved or denied.

Name: \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ State: OH   Zip Code: \_\_\_\_\_

Reason for use (please circle one)

- New Yard Watering - Date(s) \_\_\_\_\_
- Pool Fill Up – Date \_\_\_\_\_
- Other: \_\_\_\_\_ Date of Occurrence \_\_\_\_\_

I certify that the water did not enter the Village of Glandorf's wastewater collection system and that the above information is true and correct. I also understand that this application must be submitted within thirty (30) days of the of the incident of water loss.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Office Use Only:**

Total Usage \_\_\_\_\_ Gallons

Normal Usage \_\_\_\_\_

Amount to be credited: \_\_\_\_\_ Gallons x Rate \_\_\_\_\_ = Total

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
(Board of Public Affairs)