

Glandorf Utilities Department
203 N. Main Street, P.O. Box 91
Glandorf, OH 45848
(419)538-6140
www.villageofglandorf.com

APPLICATION FOR CREDIT OF NON-SEWERED WATER

Mail to: Glandorf Utilities Department OR email: glandorfutilities@bright.net
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 _____

Office Use Only:

Total Usage _____ Gallons

Normal Usage _____

Amount to be credited: _____ Gallons x Rate _____ = Total

Approved by _____ Date _____
(Board of Public Affairs)