



Village of Cottage Grove Water & Sewer Utility Leak Credit Application

Customer Name: _____ Daytime Phone Number: _____

Customer Service Address: _____

Account Number: _____ Email Address: _____

Date leak first noticed: _____

Describe the leak location and/or cause: _____

Was the water discharged to the sanitary sewer system through a drain or appliance? **Y / N**

Describe the actions taken to repair the leak and attach a copy of the receipts for the corrective work:

By signing this request, I agree to the following:

1. I understand the terms of the Village of Cottage Grove Leak Credit Policy.
2. I agree to allow Village staff to access my property to verify information if necessary.
3. I understand that submittal of this application does not ensure a credit will be granted.
4. I agree that the statements on this application and attachments are true and complete to the best of my knowledge.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Average Sewer Use Charge: _____

Billed Charge: _____

Eligible Sewer Amount: _____

Amount Credited: _____

If no credit given, explain: _____