

# LaVale Sanitary Commission

P.O. Box 3325  
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301-729-1638  
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## SEWER CREDIT REQUEST

Account #: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

At the regular meeting of the LaVale Sanitary Commission on, \_\_\_\_\_, a request for sewer credit was Approved/Denied. The amount of credit was determined to be \$\_\_\_\_\_.

The request met the following criteria:

1. The water leak at least doubled the consumption of the account average consumption.
2. The request was made either in writing or by attending the monthly Commission meeting.
3. The leak was verified by Commission personnel per service order #\_\_\_\_\_.
4. Request must be submitted within 30 days of the bill date.

Sewer credits are granted only once per account. By signing below the property owner acknowledges that no future sewer credits will be given.

Payment arrangements can be made for outstanding balances. A payment schedule was negotiated and is as follows:

Payment = \$\_\_\_\_\_ each month for \_\_\_\_\_ months, plus the regular monthly bill.

Failure to maintain the payment schedule will result in termination of service.

I have read and agree to the above terms:

\_\_\_\_\_  
Customer signature

\_\_\_\_\_  
Date