

Walnut Creek Sewer District
8125 Maple St
PO Box 178
Thurston, OH 43157
Office: 740-400-4455
Email: walnutcreeksewer@gmail.com

Requested Sewer Credit Form

Anyone requesting a sewer credit on their monthly bill is required to submit this form to the Walnut Creek Sewer District. Please make sure that you provide all the information requested. If any information is missing, it may result in denial of the request or delay of the District's decision. **Please attach copies of all invoices for repairs.**

Please return this form to your village office or mail to Walnut Creek Sewer District with any photographs, receipts, and other documentation attached.

Name: _____ Account #: _____

Phone: _____ Email Address: _____

Address of the property: _____

Month/year of credit requested: _____ Amount of credit requested: \$ _____

If you have applied for a credit at this property previously, when? _____ Was it granted? ☐ Yes ☐ No

Location of the leak: _____

Description of the leak: _____

Approximate date the leak occurred: _____ When was it discovered? _____

When was the leak repaired? _____ (Leak must be repaired to receive sewer credit)

Was this leak inside the home? ☐ Yes ☐ No

Did the water run into the ground? ☐ Yes ☐ No

Documents attached: ☐ Photos ☐ Invoice ☐ Receipts ☐ Other

I understand and agree to the terms of the Walnut Creek Sewer District Leak Adjustment Policy.

Requestor's Signature: _____ Date: _____