## Otter Lake Water District Excess Water Use Adjustment Form

Customer Name:				
Service Address:				
E-mail Address:	Phone:			
have read the Otter Lake Water District's Wat	er Leak Adjustment Policy and confirm that I am eligible			
or a credit based on the following situation:				

the above service address for the past ten years and understand that ther is only one credit at allowed every ten years. I have attached invoices and receipts to document my request.

Si	gn	at	u	re	2:	

\_\_\_\_\_ Date:\_\_\_\_\_

Otter Lake Water District Use Only	
Request Approved:	Request Denied:
Signature:	Date:
Name:	Position: