

Fall Creek Regional Waste District Sprinkling Credit Application

This form must be returned to our office by June 1, 2012 to be eligible for the full four months of sprinkling credit.

Water readings for the months of May, June, July, August, and September 2012, but billed during the months of June, July, August, September, and October 2012 will be adjusted accordingly.

Please use the consumptions from your FCRWD bill to fill out this form and not your water bill. If you do not have your consumptions, we will fill them in at the office.

Customer Name _____

Account Number _____

Service Address _____

Billing month For FCRWD	Consumption (amount in usage column)
November 2011	_____

December 2011	_____
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January 2012	_____
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February 2012	_____
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March 2012	_____
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April 2012	_____
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I hereby certify that the water consumptions shown above are correct to the best of my knowledge. These amounts represent a normal monthly consumption.

Customer Signature

Date

*** District will complete below this line***

Average Domestic Consumption _____ (per 1,000 gallons)

Please return form to: P.O. Box 59, Pendleton, IN 46064-0059
Tel: 765-778-7544
Fax: 765-778-7545
WWW.FCRWD.COM