

CITY OF SHEFFIELD LAKE

4750 RICHELIEU AVENUE
SHEFFIELD LAKE, OHIO 44054
Phone: 440-949-6259
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Sewer Credit Request Form

Date Submitted _____

I am requesting the City of Sheffield Lake reduce the sewer bill for this account, to the extent allowed, because of a leak beginning on _____ (date) and repaired on _____ (date).

Name: _____ Account No. _____

Service address _____

Phone: _____

Was the leak due to failure of internal plumbing (e.g. leaking faucets, leaking toilets, leaking appliances):

_____ Yes _____ No

If yes, did the leaked water enter the sewer system? _____ Yes _____ No

Was the leak due to an external issue (e.g. broken water line, outside spigot)

Type of leak and location: _____

Please attach documents of repairs made and a brief

Description: _____

Signature: _____ Date: _____

Internal use only: (Service Department recommendation and comments):
