

## Sewer Deduction Application

**Industry Name:** \_\_\_\_\_

**Division Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Property Number:** \_\_\_\_\_

**Reason for Requested Deduction:**

**Equipment Manufacturer, Unit Classification, Horsepower, Rating (BTU/Hour, Tons/Day)**

Detailed system drawings must accompany this application. Failure to do so will result in the rejection of the application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Please Complete and Return to:**

Capital Region Water  
100 Pine Drive  
Harrisburg, PA 17103  
888-510-0606

### Capital Region Water Use Only

**Application Received:** \_\_\_\_\_

**Application Received By:** \_\_\_\_\_

**Initial Inspection Scheduled:** \_\_\_\_\_

**Comments:**