



capitalregionwater.com
888-510-0606

Sewer Deduction Request

Industry Name: _____

Division Name: _____

Mailing Address: _____

Facility Address: _____

Contact Person: _____ Phone: _____

Email Address: _____

Property Number: _____

Reason for Requested Deduction: _____

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

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

Signature of Requester

Date

Please complete and return to:

Capital Region Water
Customer Service Center
100 Pine Drive
Harrisburg, PA 17103

Capital Region Water Use Only

Date Request Received: _____

Request Received By: _____

Initial Inspection Scheduled: _____

Comments: _____