

capitalregionwater.com 888-510-0606

Hot Water/Steam Heat Verification Affidavit

I certify that the property	y located at	is heated usir	ng a hot water/steam	
	nination of water at this locatio			
therefore, request that	the Capital Region Water winte	er moratorium on water termi	nation in properties	
utilizing hot water/steam	n for heating be applied to this	property. I also certify that I w	ill continue to make	
timely payments of an	y water, wastewater, and sto	ormwater charges due to Ca	pital Region Water.	
	o so, I will immediately contac	•		
	ssistance under the Customer As	. •	Or a hay	
Requester Name:		Account Number:		
Requester Address:				
Mailing Address: (If Differe	ent from Requester Address):			
Residential Property Typ	e (Select One): 🗆 Owner Occuj	oied 🗆 Rental/Tenant Occupio	ed	
Property Owner Name: _				
Contact Person (If Differen	nt from Requester Name):			
Phone Number:		Email Address:		
Property Owner Signatur	re:	Date	:	
	address below. Upon receipt of tl pointment for the Hot Water/Stea		d by Customer Service	
	Capital Region Water - Cus			
	100 Pine I Harrisburg, F			
	_			
allow 30 days for a respons	wed, written notice will be provid se.	ed explaining your steam heat e	ligibility status. Please	
	Capital Region V	Vater Use Only		
Inspection Date:	Inspector:			
CRW Approval:				
	Signature	Title	Date	

FIN:NK/WS