



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  
3003 North Front Street  
Harrisburg, PA 17110

## Capital Region Water Use Only

Date Request Received: \_\_\_\_\_

Request Received By: \_\_\_\_\_

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

Comments: \_\_\_\_\_