

TOWN OF POINT LEAMINGTON

APPLICATION FOR WATER BREAK REBATE

DATE: _____

OWNER: _____ TELEPHONE: _____

ADDRESS: _____

LOCATION OF WORK: _____

DESCRIPTION OF PROBLEM:

COST: _____

COMPLETION DATE: _____

DATED AT _____ THIS _____ DAY OF _____ 2 _____

SIGNATURE: _____ WITNESS _____

NOTE: NEED COPY OF INVOICE FROM CONTRACTOR

APPROVED BY TOWN MAINTENANCE MAN _____	DATE: _____
APPROVED BY TOWN CLERK _____	DATE: _____
APPROVED BY COUNCIL _____	DATE: _____
APPLICATION # _____	ISSUE DATE _____ CANCELLED _____