

CITY OF HILDALE

320 East Newel Ave
P O Box 840490
Hildale UT 84784-0490
Phone: 435-874-1160 Fax: 435-874-2603

WASTEWATER WAIVER

Date: _____ Time: _____

Name: _____ Phone: _____

Account #: _____

Service Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: P. O. Box _____ City: _____ State: _____ Zip Code: _____

SEWER WAIVER REASON:

___ I HAD A WATER LEAK DURING ___ DECEMBER, ___ JANUARY OR ___ FEBRUARY

___ I HAVE LIVE STOCK.

WHAT KIND? _____ HOW MANY? _____

___ I HAVE A GREEN HOUSE.

HOW BIG? _____ QUANTIFY TOTAL WATER USED? _____ HOW WAS IT MEASURED? _____

___ OTHER: PLEASE EXPLAIN _____

NOTES:

FOR OFFICE USE ONLY PEASE DO NOT WRITE BELOW THIS LINE.