

Date Requested: (dd/mm/yyyy)	Entegrus Account No.:	Account Holder Name:
Service Street Name/Number:		
City: St. Thomas	Postal Code:	
Email address:		Phone:
Brief description of the issue:		
What repairs were made?		
Date of Repair:		(dd/mm/yyyy)
Has a catastrophic water charge adjustment been made for this service address on a previous occasion? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was the home vacant or premises unattended for more than 48 hours when the plumbing failure occurred? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was the water/sewer usage due to damage, neglect or intentional usage: Yes <input type="checkbox"/> No <input type="checkbox"/>		
I, _____ (name of applicant) confirm that the information required for Catastrophic Water Charge Assistance under By-Law 44-2000 and provided in this application is accurate.		

Please note:

- 1) This application must be submitted before the next water/sewer bill is issued to the homeowner.
- 2) The subsidy will only allow for a one (1) time financial assistance per municipal residential address.
- 3) In order to qualify, the homeowner's water/sewer bill charges must be three (3) times above the 12- month average water usage.
- 4) The allowable credit would be 50% of the excess amount of the water/sewer bill, based on the 12- month average water usage, and only up to a maximum reimbursement of \$500.
- 5) The program will not allow for retroactive payments from past events occurring before the program was requested by Council.
- 6) Under the discretion of the City Engineer, the application approval may be deemed ineligible under this program.