



# Application for Utility Forgiveness

Borough of Greencastle  
 60 N. Washington Street  
 Greencastle, PA 17225  
 office@greencastlepa.gov  
 717-597-7143/FAX: 717-597-1022

## REQUIREMENTS

All requests for utility forgiveness must include the following information prior to official consideration:

1. A completed *Application for Utility Forgiveness* form.
2. A letter to the respective official body detailing the reason for the request.
  - Letters requesting water forgiveness must be submitted to the Greencastle Area, Franklin County Water Authority.
  - Letters requesting sewer forgiveness must be submitted to the Greencastle Borough Council.
3. Documentation that a plumber assessed the issue that caused the leak or excessive water/sewer usage.
4. Photographs of the leak or excessive water/sewage usage.

Once all documentation is complete, please provide all required information to the Borough of Greencastle Office at 60 N. Washington Street, Greencastle, PA 17225, email [office@greencastlepa.gov](mailto:office@greencastlepa.gov), or fax 717-597-1022.

**All requests for forgiveness must be received by the Borough at least 10 days prior to the due date of the impacted quarterly billing.**

## APPLICANT INFORMATION

Name:		Account Number:	
Service Address:			
City:		State:	Zip:
Phone:		Email:	
Date Submitted:		Billing Quarter Impacted:	
Submitting Request for:		<input type="checkbox"/> Water Forgiveness	<input type="checkbox"/> Sewer Forgiveness
Please provide a brief explanation of circumstances related to this request.			
<i>I hereby certify that the foregoing statements are true and accurate to the best of my knowledge.</i>			
_____		_____	
Applicant Signature		Date	

## OFFICIAL BOROUGH USE

Water Usage (Gallons) Previous 4 Quarters					Average Quarterly Usage =
Sewer Usage (Gallons) Previous 4 Quarters					Average Quarterly Usage =

## DETERMINATION

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: _____	Date: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: _____	Date: _____
Amount of Forgiveness/Credit:		\$ _____	
_____		_____	
Borough Manager		Official Representative	
_____		_____	
Date		Date	

