



NCS D Water Leak Repair Rebate Program Customer Information Form

In order to qualify for this program, the repair must be conducted by a licensed contractor and participant must have an active water account with the NCS D.

Customer Information (to be filled out by customer)

Applicant Name _____		Owner _____	Tenant _____
Phone Number _____	Service Address _____	Date of Repair _____	
E-mail Address _____	NCS D Account # _____		
Rebate will be issued to: _____		Owner _____	Tenant _____
Mailing Address: _____			
By signing this form, I acknowledge that I have read, understand, and agree to all Terms and Conditions for this program.			
_____		_____	
Customer Signature		Date	

NCS D Office Verification (office staff)

Licensed Contractor Name: _____		
Receipt from a Licensed Contractor Yes _____ No _____		
Date Received: _____		
Staff Verification: Yes _____ No _____		
Approved _____	Rejected _____	Rebate Amount: _____
_____		_____
NCS D Authorized Signature		Date