# CITY OF GALION

## WATER INCIDENT REPORT

Occurance - Date: _____

Name on Account: _____ Account #: _____

Address of Incident: _____ Phone #:_____

Details of Incident: (*Give specific details to explain what happened.)*

_____

_____

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_____

How was the water drained? Were there any witnesses? (*Include names please.)*

_____

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_____

FOR OFFICE USE ONLY

6 Month Average Usage:_____ Incident Usage: _____

_____

_____

_____

Approved: _____ Date: _____