

SWIMMING POOL FILL ADJUSTMENT REQUEST FORM

Customer Name: _____

Service Address: _____

Date of Pool Filling: _____

(Date Must Be Not More Than Forty-Five Business Days After the Date That Pool Was Filled To Qualify for Adjustment)

Pool Dimensions (Length, Width, & Depth): _____

Shape (Round, Rectangle, Etc.): _____

For Oval or Rectangle In-ground Pools Please Give Shallow Depth _____ and Deep Depth _____

Estimated Gallons: _____

I certify by signing of this request that my pool holds in excess of 4,000 gallons capacity and I understand that I will have to pay for the water used to fill the pool, but will be allowed one adjustment per year for the equivalent sewer amount. This adjustment will be allowed after the billing with the billing to include the full water and sewer cost.

Signature

City Personnel Use Only

Number of Gallons to Fill Pool Based Upon Dimensions: _____

Adjustment Given: _____

Date Adjusted: _____

Approved By: _____