



Water & Sewer Department

Pool Adjustment Request Form
(Must be connected to sewer to qualify)

DATE OF REQUEST: _____ ACCOUNT NUMBER: _____

CUSTOMER INFORMATION

NAME: _____

ADDRESS: _____

PHONE #: _____ EMAIL ADDRESS: _____

NUMBER OF PEOPLE LIVING AT THIS ADDRESS: _____

BEGINNING METER READING: _____ ENDING METER READING: _____

START FILL DATE: _____ END FILL DATE: _____

NUMBER OF GALLONS OR APPROXIMATE SIZE OF POOL:

HAVE YOU EVER HAD AN ADJUSTMENT FOR FILLING A POOL BEFORE?

YES HOW MANY ADJUSTMENTS IN PAST YEAR: _____
NO

POOL FILLING ONLY QUALIFIES FOR ONE SEWER ADJUSTMENT PER CALENDAR YEAR

FOR OFFICE USE ONLY

1 TIME ONLY POOL FILLING SEWER ADJUSTMENT

APPROVED: SIGNATURE: _____

DENIED: SIGNATURE: _____

AMOUNT OF ADJUSTMENT: \$ _____