

Account Number_____

REQUEST FOR POOL ADJUSTMENT

Name on account_____Phone #_____

Service Address _____

Date of Pool fill _____

Meter Reading before fill

Meter Reading after fill

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I attest that I meet the criteria as stated in the water rules and regulations as listed below. If I have provided false information I understand my adjustment can be reversed.

4.4.14

Private swimming pools meeting the requirement of at least 24 inches deep, a surface area of at least 100 square feet, and a permanently equipped recirculating system shall be eligible for a manual sewer adjustment once per year.

You must also attach a copy of your approved permit for the pool.

The billing office must be able to confirm information given based on daily readings received in office.

Signature of Account holder

Date

Office use only: Adj \$_____Adj #_____Approved by_____