



POOL FILL ADJUSTMENT REQUEST

Request Date: _____

Account number: _____

Service Address: _____

Contact Name: _____

Contact Number: _____

Contact Email: _____

Date(s) pool was filled: _____

Check One: ☐ Complete Fill or ☐ Top Off Approx. Gallons: _____

Check One- Pool Shape: ☐ OVAL ☐ ROUND ☐ RECTANGULAR ☐ INGROUND

Pool Size: LENGTH: _____ WIDTH: _____ DEPTH: _____

An annual pool adjustment on sewer charges is available for customers who fill pools for new construction, complete drain, refill due to repairs, or annual top offs. **ONLY ONE POOL ADJUSTMENT IS ISSUED PER CALENDER YEAR.** Pool adjustments account for one of the two (2) allotted adjustments allowed for each calendar year.

All adjustments will take into account the gallons used for the fill. The sewer bill will be adjusted on the amount of water consumed for the fill.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: X _____ PRINT NAME: _____

DATE: _____

Please return form to City Hall or email to sewerbilling@cityofmillersville.com