REQUEST FORM

SEWER ADJUSTMENT FOR SWIMMING POOL FILL

Date Requested_____

BUSINESS NAME_____

Address_____

Account #_____

Swimming Pool Dimensions _____

Swimming Pool Shape (circle one) RECTANGLE ROUND OVAL KIDNEY

DRAW PICTURE ON BACK IF NOT ONE OF THESE

Number of Gallons _____ (calculated by Public Works)

Contact Name (PRINTED NAME)_____

Signature_____

Contact Phone #_____

NOTE: THIS ADJUSTMENT ALLOWED ONLY ONE TIME PER YEAR.

GALLONS APPROVED FOR ADJUSTMENT REQUEST: _____

SIGNATURE _____

PUBLIC WORKS DIRECTOR

DATE APPROVED_____