



201 W. Main St. • P.O. Box 68 • Warsaw, MO. 65355
 Phone: (660) 438-5522 Fax: (660) 438-7142
 www.welcometowarsaw.com

POOL FILL ADJUSTMENT FORM

*The Pool Fill Adjustment Form must be received by the **City of Warsaw** within 60 days of the due date listed on the customer's utility bill in which the pool was filled.*

Customer Information:

Name: _____ Account #: _____
 Address: _____
 Phone #: _____ Alternate Phone #: _____
 Email: _____

Pool Information:

Brand Name of Pool: _____ Date Filled: _____

Please check shape of pool and fill in dimensions:

____ Rectangular: Length _____ (ft); Width _____ (ft); Depth _____ (ft); # of Gallons _____
 ____ Circular: Diameter _____ (ft); Depth _____ (ft); # of Gallons _____

Section 700.025 Water Leak/Pool Fill Adjustment Policy/Ord. No. 144§ 1, 4-7-2014
SWIMMING POOL CREDIT: This credit will not be provided more than once annually. *The Utility account will be credited for wastewater usage for the actual gallons of water used to fill the pool.* Return completed form along with proof of dimensions for adjustment to the Community Building/Utility Office.

*As the customer for the service address listed above, I hereby apply for a billing adjustment from the **City of Warsaw** under the Pool Fill Policy.*

I confirm that the above, and any attached information, documentation, and/or photos, is true and accurate to my knowledge.

*I acknowledge and understand that only **one adjustment PER YEAR** may be applied to my utility account in any 12-month period.*

 (Signature)

 (Date)

OFFICE STAFF:	
Staff Initials:	Date:
Approved	Denied
Notes:	