POOL FILL ADJUSTMENT FORM/POLICY

Date _____/_____/

The Pool Fill Adjustment Form must be received to the City of Warsaw within sixty (60) days of the Due Date listed on the customer’s utility bill in which pool was filled.

Name:__________________________________________________________ Account # ___________________________
Street Service Address:__________________________________________________________
Phone: (                  ) _______________ Alternate Phone: (                  ) ___________________________
Mailing Address:_________________________________________________________________________________________
Email Address:_________________________________________________________________________________________

POOL FILL ADJUSTMENT: ONE CREDIT PER YEAR. The Utility account will be credited for wastewater usage for the actual gallons of water used to fill the pool.

POOL INFORMATION:

DATE FILLED _____/_____/

☐ Rectangular: Length_________(ft) Width_________(ft) Depth_________(ft) # of Gallons:__________

☐ Circler Style: Diameter:_________(ft) Depth:_________(Ft). # of Gallons:__________
Brand Name of Pool:_________________________________________________________________________________________

As the customer for the above listed services address. 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. I also acknowledge and understand that only one per year adjustment may be applied to my Utility account in any 12 month period.

Signature:________________________________________________ Date _____/_____/

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.

☐ APPROVED  ☐ DENIED
STAFF NAME________________________________ DATE:_____/_____/
NOTES:__________________________________________________________________________________________

Shared drive: FORMS/cowforms/UB/Poolfilladj. Rev. A 6-22-18