



181 W. Harrison St. • P.O. Box 68 • Warsaw, MO. 65355 Phone: (660) 438-5522 Fax: (660) 438-7142
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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: _____