City of St. Marys Annual Swimming Pool Adjustment Request Form

*****Pool fills must be metered before and after. Customer must call city hall 3-5 days in advance for work orders to be created and must notify us when pool is filled. If we are not notified immediately when pool fill is complete, there will be no adjustment. Pools must be filled in one event and not over a period of "on and off" fills. *****

TO BE COMPLETED BY THE CUSTOMER

Account Number_____

Account Name_____

Physical Address _____

Mailing Address_____

Phone Number _____ Capacity of swimming pool (gallons) _____

Full pool fill ☐ Partial pool fill ☐

When pool is emptied (for any reason) where does the water go? Please provide details of the process for your pool water disposal: _____

_____

_____

Into: (Circle) Ground Sanitary Sewer Storm Sewer Other

Date to Begin: _____ Date to End: _____

I do hereby certify that the above information is true/correct and request that a ONCE ANNUAL POOL (SEWER ONLY) adjustment be made to my bill.

Signed:_____ Date:_____

FOR OFFICE USE ONLY

Received by: _____Date: _____ Avg. Usage:_____

Beginning Reading _____ Ending Reading: _____

Pool Adj. (Gallons)_____ $14.04 per 1,000 gallons_____

Adj. Completed: _____ Reprint Mailed: _____

Customer Contacted: _____