



# Swimming Pool Fill Adjustment Form

## Customer Information

Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Pool Fill: \_\_\_\_\_

Reason for fill: \_\_\_\_\_ New Pool \_\_\_\_\_ Season Opening \_\_\_\_\_ Repair

Pool was Filled from: \_\_\_\_\_ Empty \_\_\_\_\_ Half way

Pool Size: \_\_\_\_\_ length \_\_\_\_\_ width \_\_\_\_\_ depth \_\_\_\_\_ diameter

Pool Shape: \_\_\_\_\_ rectangle \_\_\_\_\_ round \_\_\_\_\_ oval \_\_\_\_\_ kidney  
\_\_\_\_\_ L-shaped \_\_\_\_\_ free form

How many gallons does the pool hold: \_\_\_\_\_

I request to have an adjustment made on my sewer bill. I understand the City of Kevil grants one (1) swimming pool sewer adjustment per calendar year for filling a swimming pool.

The adjustment will be applied to one (1) monthly bill based on the information I have provided and the calculations preformed by the City of Kevil.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Date of Adjustment: \_\_\_\_\_ Calculated gallons for adjustment: \_\_\_\_\_

Bill month adjustment applied to: \_\_\_\_\_

Original Sewer Amt: \_\_\_\_\_

Amt. of adjustment: \_\_\_\_\_

New Sewer Amt: \_\_\_\_\_

\_\_\_\_\_  
Clerk Signature

\_\_\_\_\_  
Public Works Director