

**CITY OF KEVIL WATER DEPARTMENT
SWIMMING POOL ADJUSTMENT REQUEST FORM**

ACCOUNT NUMBER: _____

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

PHONE NUMBER: _____

DATE OF POOL FILL: _____

(DATE MUST BE NO MORE THAN 30 DAYS AFTER THE DATE THAT THE POOL WAS FILLED TO QUALIFY FOR ADJUSTMENT)

POOL DIMENSIONS _____ LENGTH _____ WIDTH _____ DEPTH

SHAPE (ROUND, RETANGLE, ETC.): _____

ESTIMATED GALLONS: _____

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. THE ADJUSTMENT WILL BE APPLIED TO ONE (1) MONTHLY BILL BASED ON THE INFORMATION I HAVE PROVIDED AND THE CALCULATIONS PERFORMED BY THE CITY OF KEVIL.

CUSTOMER SIGNATURE

DATE

CITY PERSONNEL USE ONLY

6 MON. AVG. GAL: _____ CALCULATED GAL. FOR ADJ.: _____

DATE OF ADJUSTMENT: _____

ORIGINAL SEWER AMOUNT: _____

AMT OF ADJUSTMENT: _____

NEW SEWER AMT: _____

APPROVED BY: _____