



Town of Nutter Fort

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Swimming Pool Adjustment Request Form

TO BE COMPLETED BY CUSTOMER

Account Number _____

Account Name _____

Physical Address _____

Mailing Address _____

Phone Number _____

Capacity of Pool _____

Dimensions of Pool _____

Full pool fill Partial pool fill

When pool is emptied (for any reason), where does the water go? _____

Date Pool Filled: _____

**I do hereby certify that the above information is true and correct and request that a ONCE ANNUAL POOL SEWER ADJUSTMENT be made to my bill.

Signed: _____ Date: _____

FOR OFFICE USE ONLY

Received by: _____ Date: _____ Avg. Usage: _____

Begin Read: _____ End Read: _____

Pool Adj Gallons: _____ Adjustment Amount: \$ _____

Customer Contacted: