REQUEST FORM
FOR SEWAGE ACCOUNT ADJUSTMENT
DUE TO SWIMMING POOL FILL

I/ we_____ the owner(s)/ tenant(s)/

buyer(s) of the property located at _____
service address

Sewage Account # _____ request an adjustment to my/our account

billing because of the filling of my/our swimming pool.

I/we have attached proof of the # of gallons the pool holds (copy of paperwork or copy of something on box).

I/we have also attached a copy of the water bill for the month that the pool was filled which shows

the extra gallons of water used to fill the pool.

Date pool was filled _____ Please check one: _____Full Fill

_____Partial Fill

If partial fill, how full was the pool when started to fill? ¼ ½ ¾ other _____

_____
Owner's/ Tenant's/ Buyer's Signature Date Phone Number

_____
Owner's/ Tenant's/ Buyer's Signature Date Phone Number

Submit all required paperwork to: Village of Adelphi, P.O. Box 568, Adelphi, OH 43101, Attn: Sewer Services

_____
Official Use Only

Date Request Received_____ Date Adjustment Made_____