

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? 1/4 1/2 3/4 other \_\_\_\_\_

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

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

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Official Use Only  
Date Request Received \_\_\_\_\_ Date Adjustment Made \_\_\_\_\_