

REQUEST FORM  
FOR SEWAGE ACCOUNT ADJUSTMENT  
DUE TO SWIMMING POOL FILL

I/ we \_\_\_\_\_ the owner(s)/ tenant(s)/  
purchaser(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?  $\frac{1}{4}$   $\frac{1}{2}$   $\frac{3}{4}$  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  
All requests for a pool fill adjustment must be submitted within 6 months following the date that the pool  
was filled.

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