

Request for Pool Fill

Date _____

Name _____

Address _____

Phone # _____

Date Filled _____

Pool Fill Credit will be given once a year. You will be responsible for the cost of water used to fill your pool. Your wastewater charge will reflect the adjustment of the water used to fill your pool. See Town of Andrews Code of Ordinance §52.082 (D).

Signature of Customer _____

To Be Completed by Office:

Account # _____

Previous 3 Month Average: _____

Total Wastewater Adjustment: _____

Initials _____