

Request for Pool Fill

Date _____

Name _____

Address _____

Phone # _____

Date Filled _____

*A wastewater-only billing adjustment will be given one time per calendar year, which occurs during the months of May, June, July or August of that year, only when written request for such is submitted to the Town Clerk-Treasurer within ten (10) business days after that pool fill. **You will be responsible for the cost of 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 _____