



## VILLAGE of RICHFIELD SPRINGS

Po Box 271 Richfield Springs, NY 13439

315-858-1710 fax: 315-858-9202

### ANNUAL POOL FILL SEWER CREDIT FORM

Sewer credit shall only be granted for one (1) filling per calendar year.

Credit will be given for pool fills of 1500+ gallons.

Credit is based on beginning meter and ending meter read.

Completed form must be submitted prior to the 25<sup>th</sup> day of the month in which the pool was filled.

Complete this form in its entirety.

Name \_\_\_\_\_ Account # \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

Pool description:

Above / In-ground (circle one)    gallon capacity \_\_\_\_\_ Dimensions (LxWxD) \_\_\_\_\_

Date \_\_\_\_\_

Start Meter Reading \_\_\_\_\_

End Meter Reading \_\_\_\_\_ TOTAL \_\_\_\_\_

I certify that the information provided is true and correct. I have accurately stated the pool's capacity and meter readings, on the account indicated above, for the wastewater charge up to the quantity of water used to fill the pool.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

WS BILL ADJUSTMENT DATE \_\_\_\_\_

DOCUMENT POOL FILL GALLONS IN BILLING PROGRAM NOTES

REMOVE EXCEPTION (K)+ GALLONS INITIALS \_\_\_\_\_