**POOL CREDIT REQUEST**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ request a sewer credit for a pool fill located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Trafalgar, In.

The pool was filled on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

Empty Pool fill \_\_\_\_\_\_ **OR** Existing Pool \_\_\_\_\_\_

Pool Dimensions are:

Round Pool: Diameter\_\_\_\_\_\_\_ Depth\_\_\_\_\_\_\_\_

Rectangular or Oval Pool: Length\_\_\_\_\_\_\_\_ Width\_\_\_\_\_\_\_ Depth\_\_\_\_\_\_

Gallons\_\_\_\_\_\_\_\_\_\_\_

\*Failure to fill pool during date stated above will be cause for a new request.

\*All credit is based on the amount of usage over and above the previous 3 months average water usage. Credit will be applied to the sewer portion of your bill.

\* This request is granted solely upon representation stated herein; but the same is subject to being revoked upon proof that the water is not being used as indicated in this request.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CUSTOMER SIGNATURE DATE

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OFFICE USE ONLY

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNT# \_\_\_\_\_\_\_\_\_\_\_\_\_\_ MONTHLY AVERAGE USAGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POOL FILL GALLONS\_\_\_\_\_\_\_\_\_\_\_\_ CREDIT GIVEN $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOWN REPRESENTATIVE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return email: [townoftrafalgarutilities@gmail.com](mailto:townoftrafalgarutilities@gmail.com)

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