REQUEST FOR POOL FILL ADJUSTMENT

☐ I am requesting an adjustment for a pool fill *(sewer adjustment only)*

Customer Name: _____ ***Account number:*** _____

Service address: _____

Approximate # of gallons of water pool holds: _____ ***gallons***
Approximate # of gallons of water to be used: _____ ***gallons***

Requested dates to fill your pool.

Request form must be received by SGWASA 5 business days prior to the requested beginning date below.
No pool filling adjustment available for filling your pool over the weekend.

☐ Begin Mon _____ *(after 10:00am)* end Thu _____ *(before 10:00am)*

☐ Begin Tue _____ *(after 10:00am)* end Fri _____ *(before 10:00am)*

Customer Notice

Pool fill adjustments are a customer service courtesy provided by SGWASA as follows:

- Only 1 pool fill adjustment is allowed in a 12-month billing period.
- No pool fill adjustment is available for pools requiring less than 7,500 gallons.
- Only the sewer portion on the applicable bill is eligible for a pool fill adjustment.
  Water usage billing is not adjusted.
- Your Request must be received and approved prior to beginning a pool fill or an adjustment will be denied.
- A meter reading must be obtained by SGWASA staff prior to beginning and after finishing your pool fill.
- Adjustments are limited to $1000 for single-family individually metered residential addresses.

It is the responsibility of the customer to ensure timely payment with or without the adjustment.
If an adjustment is denied or pending, the customer must pay the entire billed amount!

There is a $75.00 fee for processing a pool adjustment.

By signing below you consent to paying the fee.

_____ _____ _____
Customer signature Date Contact telephone #

SGWASA Use Only

Acct # : _____ *Acct Name:* _____

Meter # _____ *2nd Meter # (if applicable)* _____

***Recd by**: Initials:* _____ *Date:* _____ ***Processed by**: Initials:* _____ *Date:* _____

***Customer contacted by**: Initials:* _____ *Date:* _____ *Method(phone/mail/etc):* _____

Notes: _____