

Only Customers IN CITY LIMITS

APPLICATION FOR POOL FILL ADJUSTMENT

METER READING BEFORE POOL FILL: _____
(Include Date & Time)

METER READING AFTER POOL FILL: _____
(Include Date & Time)

1. NAME: _____

2. ACCOUNT NUMBER: _____

3. SERVICE ADDRESS: _____

4. PHONE NUMBER: _____

5. (Please circle one) IN GROUND or ABOVE GROUND

6. POOL DIMENSIONS (in feet): Length _____ Width _____ Depth _____

7. ROUND POOL (in feet): Diameter _____ Depth _____

8. VOLUME (in gallons): _____

9. ESTIMATED FILL AMOUNT: Full _____ Half Fill _____ Quarter Fill _____

By signing below, I certify, swear or affirm that the above information is true and accurate to the best of my information and belief, and that intentionally providing false information is a criminal offense.

Signature of Account Holder

Witness & Approval by:
Mayor, City Administrator, or City Clerk
Hardin Water & Sewer

DATE: _____