

ANNUAL 1 TIME SWIMMING POOL SEWER CREDIT

CUSTOMER NAME:					
SERVICE ADDRESS:					
NEW POOL: YES N	O PE	RMIT:	YES	NO	
SIZE OF POOL:		TY	PE:	IN-GROUND	ABOVE GROUND
GALLONS REQUIRED TO	FILL POOL:				
DATE POOL FILLED: TO:					
I am requesting a sewer cr	edit on my utility ad	ccount for	filling a	swimming pool	at the address listed above.
CUSTOMER SIGNATURE				DATE	:
CUSTOMER PHONE # _					
Please note: Custome Sewer Credit.	rs with outstandir	ng baland	ces owe	ed the City of F	Piqua will not be eligible for the Po
*******	******	******	*****	******	***********
OFFICE USE					
BILLING CYCLE:			ACC	OUNT #	
VERIFICATION OF POO	DL AT SERVICE	ADDRES	SS:		
COMMENTS:					
VERIFICATION OF WAT	ΓER USAGE:				
AMOUNT OF CREDIT:	Less than 8,00	00 gallon	s N	Sewer Credit	Applies
	gallons	\$25.00	sewer	credit	
	•	\$50.00	sewer	credit	
	J	\$75.00	sewer		
	J	\$100.00			
Greater than 27,000	gallons	\$125.00	sewer	credit	
Employee int.		- [Date Date		