



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 25th 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 _____