## Town of Middlebourne Annual Swimming Pool Adjustment Request Form

(304-758-4771) 3-5 days in advance for are not notified immediately when poo	work orders to be cre	st call the Town of Middlebourne City Building eated and must notify us when pool is filled. If we will be no adjustment. Pools must be filled in one "on and off" fills.*
TO BE C	OMPLETED BY 7	THE CUSTOMER
Account Number		
Account Name		
Mailing Address		
Phone Number	Capacity of s	wimming pool (gallons)
Full po	ol fill	Partial pool fill
Amount of water in pool before f	illing(X): Half Full	Three-Quarter Full
When pool is emptied (for any re- process for your pool water dispo	ason) where does the sal:	he water go? Please provide details of the
Into: (X)GroundSa		
Date to Begin:	Date to End:	
I do hereby certify that the above ANNUAL POOL (SEWER ON)	e information is t	true/correct and request that a ONCE
Signed:	Date	e:
fully filled, and a <u>EMAIL PHOTOS TO:</u> The Town of Middlebourne will upon completion of this applic be processed for filling pools be must hold a minimum of 3,0 determined that you qualify fo the maximum gallons	photo that shows <b>IIDDLEBOURNI</b> adjust sewer onc ation, and all request etween April 1 and 000 gallons to qua r this adjustment, the pool will hold	EMUNICIPAL@GMAIL.COM e (1) per calender year for filling pools, uirements met. Adjustments will only d August 31 each calender year. Pools lify for a sewer adjustment. If it is it will be calculated on no more than above your historical usage.
<u>I nere is NO a</u>	idjustment on wa	ter for filling a pool.
FOR OFFICE USE ONLY:		
Received by:	Date:	
Avg. Usage:		
Degnining Reading	Ending Readi	ng:
Pool Adj. (Gallons)	Adj. Complete	ed: