



**POOL FILL WORKSHEET
Sewer Adjustment Request**

Application Date

Applicant Information

Applicant Name: _____

Applicant Address: _____

Phone: _____

Contact Person *(must be available 24 hours per day)*: _____

Contact Phone: _____

Pool Information

Approximate Gallons of Water to Fill Pool: _____

Date Filling Pool: _____

Residents are limited to (1) pool fill per season at time of set up or a new installation.

***The Village of Arcanum Utility Department will get an initial read & confirm the fill took place 48 hours later with a follow-up read. Your *sanitary sewer* portion of your bill will be reduced by the amount of water needed to fill your pool only if greater than \$50.00.**

Applicant Signature

Signature: _____ Date: _____

ADMINISTRATIVE USE ONLY

Water in Cubic Feet: _____ VERIFIED BY/DATE:

Sewer Amount Forgiven: 1 _____

Billing Date for Credit: 2 _____