

**CITY OF JEFFERSONVILLE**

**POOL ADJUSTMENT REQUEST FORM**

1. If pool has a Drain: Is it directly connected to Jeffersonville's Sewer System: No Yes

If you answered NO to question#1, please tell us where the discharge drains.

\_\_\_\_\_

2. About requesting a pool credit: All information fields on form must be completed in order to determine eligibility and amount of your courtesy credit. If you send incorrect, illegible, or incomplete information, form cannot be processed.

Once the pool fill is done: Complete and submit your form. When Jeffersonville Wastewater receives your meter readings again, we will then process your request. Credits are calculated & posted to your account only after the billing cycle is complete for the month in which your pool was filled. Credits are based on consumption and cannot be processed in advance. A Pool Adjustment is limited to ONE per year.

3. If you answered YES to question #1, the drain must be disconnected and rerouted to a storm sewer prior to reapplication for credit.

ACCOUNT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Dimensions Feet: Round Pools: Diameter \_\_\_\_\_ ft ; Depth: \_\_\_\_\_ ft

Rectangular Pools: Length x Width x Depth: \_\_\_\_\_ ft.

Volume of Pool in GALLONS \_\_\_\_\_

Date you Started Filling Pool \_\_\_\_\_

Date you Finished Filling Pool \_\_\_\_\_

I affirm the above information to be factual and will follow all local, state and federal laws required in the proper treatment and discharge of any water from the pool. In addition, I consent to an annual on-site inspection of my pool by a Jeffersonville Wastewater Department employee.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

Inspected By:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date