**Confirmation and Agreement for a Pool Fill Adjustment**

I hereby understand and agree to the following;

1. That I will get only one (1) pool fill adjustment per year.
2. I request the adjustment be applied to the water bill reflecting the date when the pool was filled.
3. I agree to providing any information to Northern Wayne County Public Service District in regards to making the proper adjustment for my pool such as; the starting date and ending date of which the pool is filled, the amount of gallons that the pool holds, size, length, width, depth of the pool and permission to verify that I have a pool on my property.
4. If the fill falls on two (2) separate billing cycles, I do realize that only one (1) bill will be adjusted. *Northern Wayne recommends that the customer checks with the water company to be sure that the fill occurs on one (1) billing cycle.*

**QUESTIONS ABOUT THE POOL**

1. ABOVE GROUND OR UNDER GROUND
2. APPROXIMATE SIZE OF THE POOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. APPROXIMATE NUMBER OF GALLONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. PROPERTY LOCATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PRINT NAME)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SIGNATURE)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (WITNESS)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DATE)