TOWN OF TAZEWELL POOL ADJUSTMENT REQUEST FORM

(THE TOWN OF TAZEWELL ALLOWS <u>ONE</u> POOL SEWER ADJUSTMENT PER 12 CALENDAR MONTHS -- EFFECTIVE 04/01/2019)

DATE:	ACCOUNT NUMBER:	
Person Requesting Adjustment:		
Physical Address:		
Requesting Adjustment For Swimming Pool:	Gallons:	Size of Pool:
Type if Pool:	[] Inground	[] Above Ground
Pool Filled On:		By:
Customer's Phone Number:		
Notes:		
Customer Signature:		

(I understand, by signing my name, I am stating I have in no way used the sewer system to drain my pool. I understand this is my one pool adjustment for a twelve month period.)

*****ONLY SEWER WILL BE ADJUSTED OFF OF ANY POOL ADJUSTMENT.**

POSTED INITIALS:	
BILL DATE:	
BILL AMOUNT:	
AVERAGE BILL AMOUNT:	
**SEWER ADJUSTMENT:	

Adjustment Completed By:

Adjustment Audited By: