UTILITY BILLING DEPARTMENT
6601 EAST HIGHWAY 22, CALLAWAY, FL 32404
PHONE: (850) 871-6000
WWW.CITYOFCALLAWAY.COM

POOL FILLING ADJUSTMENT REQUEST

(Please Print or Type)

Date of Request: _____

Account Number: _____

Service Address: _____

Account Holder's Name: _____

Account Holder's Phone: _____

Pool Fill Date: _____

"Reads should be taken BEFORE and AFTER filling pool."

Beginning Read: _____

Ending Read: _____

NOTE:

- Customers are eligible for an adjustment to the sewer portion of their bill **IF** there is an excess of 6,000 gallons or more used to fill a pool and **ONLY** if the pool was filled off the house meter.
- No adjustment is available if pool is filled with irrigation meter, as sewer is not charged on this water usage.
- Pool filling adjustments are limited to twice a year and a **Pool Filling Adjustment Request Form** must be filled out **prior** to and **after** the filling of the pool.

_____
Account Holder's Signature

_____ Date: _____
Approved by (City Staff Signature)