

CITY OF LOCK HAVEN

Pool Adjustment Request

CUSTOMER INFORMATION					
Last Name		First Name		M.I.	Date of Pool Fill
Address where pool is located				Account #	
City		State		ZIP	
Phone		Capacity		Measurements	
Start Read	End Read		Gallons Used		
Permit # (Required w/Capacity 24" or more)			Check one	Above Ground	In Ground
Signature and Today's Date					
FOR OFFICE USE ONLY					
PRIOR 4 QUARTERS CONSUMPTION:					
First Prior:				Gallons	
Second Prior:				Gallons	
Third Prior:				Gallons	
Fourth Prior:				Gallons	
Sum :				Gallons	
Average:				Gallons	
Actual Metered Consumption: (Quarter of the Fill)				Gallons	
Amount of Adjustment:				Gallons	
Adjusted Consumption:				Gallons	
Sewer Charge Based on Adjusted Consumption:				\$	

Recommended: _____
Sewer Superintendent

Date: _____

Approved: _____
City Manager

Date: _____