**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Water Office Manager

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City Engineer