

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: _____
 Water Office Manager

Date: _____

Approved: _____
 City Manager

Date: _____