

RANDOLPH SEWER DISTRICT

REQUEST FOR WASTEWATER BILL ADJUSTMENT FOR POOL FILLING

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Parcel No.

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Billing Account No.

WS

Req. No.

Property owners may fill their pool. However, no adjustment to the wastewater bill will be granted unless this request form is filled out **PRIOR** to filling **AND** the Department approves the request. Submission of this request does not constitute approval to adjust the bill. It is the property owner's responsibility to follow up with the Department if there is no response to this request. Questions should be directed to Utility Billing at 728-5433 x16.

Name _____

Mailing address _____

Property Location (street address) _____

Phone

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 Prefer to be contacted by: phone email

Email: _____

ADDITIONAL INFORMATION FOR POOL-FILLING

Description of pool <i>(check all that apply)</i>	Dimensions of pool	
<input type="checkbox"/> above-ground <input type="checkbox"/> in-ground <input type="checkbox"/> even depth <input type="checkbox"/> varied depth <input type="checkbox"/> round <input type="checkbox"/> rectangular <input type="checkbox"/> oval	Diameter (for round pools)	ft.
	Length (for rectangular or oval pools)	ft.
	Width (for rectangular or oval pools)	ft.
	Max. depth/sidewall height (for all pools)	ft.
	Min. depth/sidewall height (for varied-depth pools)	ft.
	Est. volume of pool (for all pools)	gals.
How you expect to fill pool (i.e garden hose, hydrant, etc.)		
Date you expect to fill the pool		

Will you be: completely filling pool topping off pool, needs _____ feet of water

DEPARTMENT ACTION (Adjustment to Wastewater bill will be granted only if approved by the Dept.)

Approve Approve with conditions* Deny (No adjustment to wastewater bill)* Other*

*Conditions/reasons for denial: _____

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Date

Town Manager or Chief Water and Wastewater Operator

OFFICE USE ONLY

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Date request received

Vol. of pool _____ gal. = _____ HCF

Amount of adjustment _____ HCF =

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