CITY OF RIDGETOP

POOL ADJUSTMENT FORM

One Pool adjustment is allowed per calendar year for filling of swimming pool.

To determine the adjustment, we will average your last three normal bills and deduct from overage.

NOTE: If your account has a past due balance, your account will be subject to disconnection unless this letter and documentation of repair is received in our office prior to your disconnection date.

Name on Bill:		**************************************	
Account #: I am requesting a leak adjustment for my sewer bill at:			
Street Address	City	State	ZIP Code
Phone Number:			
Date pool filled:			
Size of Pool:			
Approximate number of ga	allons of water pool holds:		
By signing below, I am sta knowledge.	ating that the above inform	ation is accurate to	the best of my
Signature:		Market activities are depth of the	
Aug 2010			