

CITY OF ASHTABULA
SEWER CREDIT FOR POOL FILLUP REQUEST FORM
(ONLY ONE CREDIT PER ADDRESS, PER CALENDAR YEAR)

POOL CREDITS:

- This form must be filled out completely and submitted to the Finance Department
- Proof of a valid swimming pool permit must accompany the request for credit

Name _____ Service Billing Acct# _____

Email _____ Phone # _____

SERVICE ADDRESS _____

DATE(S) FILLED _____

RECTANGULAR POOLS: LENGTH _____ WIDTH _____ AVG DEPTH _____

CIRCULAR POOLS: DIAMETER _____ AVG DEPTH _____

_____ The swimming pool will not be emptied into any drain or opening connected to the sanitary sewer system of the City.

_____ The City of Ashtabula is authorized to enter upon the applicant's premises for the limited purpose of verifying that the pool is located there and that it is being filled or has been filled.

Printed Name Signature Date

CITY OF ASHTABULA USE - DO NOT COMPLETE

Planning & Community Development Reveiw Pool Permit # _____

Date of visit _____ Pool is located at service address and is full / being filled _____

Printed Name /Title Signature

Finance Department Reveiw

Pool Volume (HCF) _____ Usage Credit : _____ Amount: _____
90% of pool volume multiply rate by usage credit

AVG Usage for Billing
Usage (HCF) _____ Period of fill (HCF) _____ Difference _____ Amount: _____
multiply rate by difference

CREDIT AMOUNT APPROVED: _____

Traci Welch, Finance Director Date *Credit Applied* _____
Date & Initials