



CITY OF ASHLAND, MISSOURI SWIMMING POOL ADJUSTMENT FORM

It is the policy of the City of Ashland Missouri to grant one sewer adjustment per calendar year for filling a swimming pool. The adjustment will be based on customers average sewer billings.

I hereby request to have an adjustment made on my sewer bill. I have filled my pool with approximately _____ gallons of water.

The adjustment will be modified if the increase in sewer usage does not reflect the information submitted below.

My pool size is _____ length _____ width _____ depth _____ diameter

Name: _____

Service Address: _____

Date(s) Pool was Filled: _____

Customer Signature: _____ Date: ____/____/____

OFFICE USE ONLY BELOW THIS LINE

Date of Adjustment: ____/____/____

Original Sewer Amount: \$ _____

Amount of Adjustment: \$ _____

New Sewer Amount: \$ _____

Shelley A. Martin Utility Billing Clerk