



POOL ADJUSTMENT
REQUEST FORM

CUSTOMER MUST HAVE SEWER

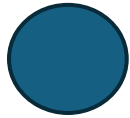
DATE _____

ACCOUNT # _____

NAME _____

ADDRESS _____

POOL DIMENSIONS (MIN OF 4" DEEP)



DIAMETER _____



DEPTH _____



LENGTH _____ WIDTH _____



DEPTH _____

VOLUME

TOPPING OFF _____

FILLING POOL FROM BOTTOM UP _____

FILLING POOL 2/3 FULL _____

FILLING POOL 1/2 FULL _____

FILLING POOL 1/4 FULL _____

METER READING FOR MONTH _____

USAGE _____