



E-mail: [csbilling@capecoral.gov](mailto:csbilling@capecoral.gov)  
Phone: (239) 574-7722 Option 3 then Option 5

<b>For office use only</b>	
Cycle/route:	_____
Last pool fill:	_____
Received date:	_____
Processed date:	_____
Sewer billing:	<input type="checkbox"/>

## ADJUSTMENT – POOL FILL CREDIT REQUEST FORM

A sewer adjustment may be available for filling a swimming pool. If a customer qualifies, a sewer adjustment will be calculated for the portion of the sewer volume above the customer's preceding six month average, not to exceed the design capacity of the pool.

The following rules and restrictions apply:

- Request Form must be completed
- Request must be received within **30 business days** of filling the pool
- One adjustment is permitted per 12 month period.
- Pool shape and dimensions must be included below
- Adjustments may take up to 6 billing cycles to process

Customer name: \_\_\_\_\_

Service address: \_\_\_\_\_

Pool work performed: \_\_\_\_\_

Customer number: \_\_\_\_\_ Account number: \_\_\_\_\_

Customer phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Pool Size (Gallons) \_\_\_\_\_ Fill Date: \_\_\_\_\_

Pool Size (Dimensions)

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth (Shallow End): \_\_\_\_\_ Depth (Deep End) \_\_\_\_\_

Pool shape  Rectangular  Round  Oblong  Kidney  Other

Pool contractor's Name: \_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date