

**POOL FILL SEWER ADJUSTMENT REQUEST FORM**

Email, mail, fax or deliver this completed form and supporting documents to:

Milton Municipal Utilities

1139 Smith Street Milton WV 25541

FAX: (304) 743-1872 PHONE: (304) 743-3422

miltonwater@cityofmiltonwv.com/miltonutilities@cityofmiltonwv.com

**ONE POOL FILL SEWER ADJUSTMENT ALLOWED PER 12-MONTH PERIOD PER ACCOUNT**

CUSTOMER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SERVICE ADDRESS WHERE POOL IS LOCATED: \_\_\_\_\_

PHONE # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

*I hereby notify Milton Municipal Waterworks that I have filled or maintained a pool at the above address. I am requesting an adjustment to my bill. I understand that by accepting any adjustment offer made by Milton Municipal Waterworks I am utilizing my one pool fill sewer adjustment per 12-month period per account. MMW will review and notify customer of decision within 10 business days.*

**\*\*\*THIS FORM DOES NOT RELIEVE RESONSIBILITY OF PAYMENT\*\*\***

**TO MAKE A PAYMENT ARRANGEMENT CONTACT OUR OFFICE OR PROVIDE A PAYMENT ARRANGMENTS BEFORE YOUR PAYMENT IS DUE TO AVOID ADDITIONAL CHARGES AND/OR DISCONNECTION OF SERVICE**

Please check below:

Request for Initial Pool Fill  Beginning and Ending Date of Pool Fill \_\_\_\_\_

Pool Dimension (length, width, depth) \_\_\_\_\_

Total Gallons \_\_\_\_\_

Signature of Customer \_\_\_\_\_ Date \_\_\_\_\_

---

**FOR MMW USE ONLY**

Request Received By \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

Request Approved  See Adjustment Form for Details

Request Denied  Reason for Denial: \_\_\_\_\_