

MILTON MUNICIPAL UTILITIES COMMISSION

1139 SMITH STREET

MILTON, WV 25541

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

miltonwater@cityofmiltonwv.com

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POOL FILL SEWER ADJUSTMENT REQUEST FORM

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 Utilities Commission 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 MMUC, I am utilizing my one pool fill sewer adjustment per 12-month period per account.

*****THIS FORM DOES NOT RELIEVE RESPONSIBILITY OF PAYMENT*****

POOL ADJUSTMENT FORMS ARE REVIEWED AT THE SEPTEMBER WATER BOARD MEETING

This form does not relieve responsibility of payment. All bills must be paid in full by the due date. Visit our office before the due date to make a payment arrangement and avoid additional charges and/or disconnection of service. Your pool adjustment will be reflected on your account following the September Water Board Meeting.

Please check below:

Request for Initial Pool Fill Beginning and Ending Date of Pool Fill: _____

Pool Dimension (length, width, depth): _____

Total Estimated Gallons: _____

Signature of Customer: _____ Date: _____

FOR MMUC USE ONLY

Date of Last Pool Adjustment _____

Average Usage: _____

Gallons Used Applicable Month: _____

Approved/Denied: _____