



## POOL ADJUSTMENT

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_

To Whom it May Concern:

On (date) \_\_\_\_\_ our pool was filled. Please make any applicable sewer adjustment to our GUSA Water Bill.

---

SIGNATURE

---

OFFICE USE

Average consumption: \_\_\_\_\_ \$ \_\_\_\_\_

Total consumption after leak/pool fill/etc.: \_\_\_\_\_ \$ \_\_\_\_\_

Adjustment amount: \_\_\_\_\_ \$ \_\_\_\_\_

PROSESSED BY: \_\_\_\_\_