



CITY OF MARY ESTHER
195 CHRISTOBAL ROAD - N. ● MARY ESTHER, FLORIDA 32569
TELEPHONE (850) 243-3566 - FAX (850) 243-0736

POOL ADJUSTMENT REQUEST FORM

***** Request must be at least 24 hours prior to pool fill *****

1. Resident's name: _____
2. Service Address: _____
3. Utility Account Number: _____
4. Date of Request: _____
5. Date Pool is to filled: _____ (Estimate must be no more than 2 weeks in the future)
6. Approximate amount of water to be used to fill pool: _____ (Gallons)

Customer Signature

Date

For City Staff Use Only – Customer should not write within this section

7. Actual water usage amount for period in which pool fill occurred: _____
8. Is amount of water usage (item 7) greater than amount of requested adjustment (item 6)? Y / N
9. If answer to 8 is yes, proceed with adjustment, if answer is no, investigate.

Employee Initials

Date

Authority: In accordance with City Ordinance 20-106©, “Those customers who receive sewage service from the City and who own a swimming pool on their homestead may apply for a swimming pool refill waiver for the sewer cost of a specific gallon amount on one billing statement every twenty-four (24) months. The City must be notified at least twenty-four (24) hours in advance of the fill. All waiver requests must include a specific gallon amount.”