



MURFREESBORO WATER RESOURCES DEPARTMENT POOL ADJUSTMENT REQUEST FORM

I or We, _____ certify that the **POOL/POND/FOUNTAIN** was filled at _____ on ____/____/____ by _____ and is now in good condition and free from leaks. In my opinion, the filling of the pool/pond/fountain was enough to increase the water bill used at the above address. I make an oath that matters set forth above are true and correct indicated by my below signature.

Signature: _____ Date ____/____/____ Phone _____

*****THIS FORM DOES NOT RELIEVE RESPONSIBILITY OF PAYMENT. TO MAKE PAYMENT ARRANGEMENTS VISIT OUR OFFICE AND SIGN AN EXTENSION.*****

*****ONLY ONE LEAK CAN BE ADJUSTED ON AN ACCOUNT WITHIN A 12 MONTH PERIOD. THE SUMMER SEWER CREDIT AUTOMATICALLY DEDUCTS FOR LEAKS THAT OCCUR, FROM THE READING OF YOUR METER IN APRIL THROUGH OCTOBER. PLEASE CONTACT OUR OFFICE TO DETERMINE ELIGIBILITY *****

DO NOT WRITE BELOW THIS LINE

Approved for adjustment by: _____ Cycle: _____
Water Resources Department Representative

Customer/ Account Number _____

Adjustment Customer Name _____

Charge to _ Sewer Leak ____ Adjustment Amount _____ COMMENTS: _____

Charge to _Late Fee ____ Adjustment Amount _____

Charge to _____ Adjustment Amount _____

Charge to _____ Adjustment Amount _____

Number of months adjusted: _____ Date Completed _____

**** PLEASE COMPLETE THE TOP PORTION OF THIS FORM AND RETURN IT TO THE BELOW ADDRESS OR FAX NUMBER. ****