

POOL ADJUSTMENT FORM
MURFREESBORO WATER AND SEWER DEPARTMENT

I or We, _____ certify that the pool was
filled at _____ on _____
by _____ and is in good condition and free from leaks.

In my opinion, the filling of the pool was enough to increase the water bill
rendered to the above address. I make oath that matters set forth
above are true and correct.

Signed _____

Date _____

DO NOT WRITE BELOW THIS LINE

Approved for adjustment _____
Water & Sewer Department Representative

Date _____ **Customer Account Number** _____

Voucher Number _____ **Customer Name** _____

Charge to _____ Adjustment Amount _____

Charge to _____ Adjustment Amount _____

Charge to _____ Adjustment Amount _____