



# 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. \*\*\*\*