

Town of Palmyra

765 Main St NE, PO Box 332

Palmyra, In 47164

812-364-6106 office, 812-364-1297 fax

utilityclerk@townofpalmyra.com

SEWER ADJ -POOL FILL FORM

Customer Name/Acct # _____

Customer Address _____

Phone Number _____

Start Date _____ Beginning Reading _____

End Date _____ Ending Reading _____

Water used for filling swimming pools will be billed at normal rates. However, an annual one-time credit adjustment will be made on a related **Sewer bill only**.

Form must be filled out with the date the fill started/ended, and before/after fill readings, then provided to the utility clerk within 30 days to receive an adjustment. You may mail, email, fax or bring this form to the Town of Palmyra office.

I hereby certify and affirm under penalty of perjury that the above information is true and correct, and I have not received a pool fill adjustment for the current calendar year.

Customer Signature _____ Date _____