

VILLAGE OF NEWARK
100 E. Miller Street * Newark, NY 14513
Tel. (315) 331-4770 * Fax (315) 331-9767

SWIMMING POOL FILLING

*****MUST BE COMPLETED BEFORE FILLING POOL*****

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL ADDRESS: _____

Round Pool: Diameter ____ Height ____

Rectangular Pool: Length ____ Width ____ Height ____

Pool filling Start Date: _____ Pool filling End Date: _____

____ First time Filling with Building Permit (No charge. Included with Building Permit fee.)

____ Refilling and/or Pool Liner Failure: (**\$25.00** Administrative Fee added to next bill.)

Must have property owner's signature if the person requesting the Pool Filling is a tenant.

Owner's Signature: _____

Date of Signature: _____

For office use only:

APPROVED BY VILLAGE: _____

WATER ACCOUNT NUMBER _____

METER READING – START: _____

METER READING – FINISH: _____

NOTE: NO SEWER FEE WILL BE CHARGED FOR THE WATER USAGE BELOW:

CONSUMPTION: _____

THIS AMOUNT WILL BE SUBTRACTED FROM YOUR NEXT BILL:

VILLAGE SEWER RATE - \$11.40/1,000 GALS. _____