

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: _____

TEL. NO. _____

DATE to Start Pool filling: _____

DATE Pool filling to be Finished: _____

____ First time Filling (No Charge)

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

NOTE: NO SEWER FEE WILL BE CHARGED FOR THIS WATER USAGE.
Village completes the form down through calculating the amount deducted.

APPROVED BY VILLAGE: _____

WATER ACCOUNT NUMBER _____

CONSUMPTION: TO BE CALCULATED BY VILLAGE

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

This amount will be SUBTRACTED FROM your next bill.

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

Owner's Signature: _____

Date of Signature: _____

EMAIL ADDRESS TO SEND COMPLETED FORM TO:
