

Swimming Pool Form

Acct. # _____

Name: _____

Service Address: _____

Beginning Reading: _____ **Date:** _____

Meter Read by: _____ **Time:** _____

Ending Reading: _____ **Date:** _____

Meter Read by: _____ **Time:** _____

Total Gallons used to fill pool: _____

Total Adjustment to account: _____

Adjustment entered by: _____ **Date:** _____

Adjustment approved by: _____ **Date:** _____