

CITY OF MAYSVILLE

WATER DEPARTMENT SWIMMING POOL FORM

Account #: _____

Name: _____

Cell Phone #: _____

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: _____ Time: _____

E-Mail: waterbilling@cityofmaysvillega.org

Fax#: 706-652-3511

Office Phone: 706-652-2274 Ext. 2

Mailing Address: City of Maysville P.O. Box 86, Maysville, GA 30558