REQUEST FOR POOL CREDIT - TOWN OF SENECA FALLS

NAME ____________________________________________

STREET ADDRESS ______________________________________

DATE TO BE USED ______________________________________

PHONE NUMBER ______________________________________

DATE REQUESTED ______________________________________

PLEASE PLACE METER __________________________________

POOL MANUFACTURER __________________________________

POOL DIMENSIONS ______________________________________

OWNER'S SIGNATURE ____________________________________

TOWN OF SENECA FALLS USE ONLY

ACCOUNT NUMBER ________________________________

POOL METER NUMBER ______________________________

METER READING [IN] __________________ DATE INSTALLED ________

METER READING [OUT] __________________ DATE REMOVED _________

USAGE ____________________________________________

AMOUNT OF POOL CREDIT _____________________________

EMPLOYEE SIGNATURE [IN] __________________________

EMPLOYEE SIGNATURE [OUT] _________________________

Updated 5/22/2013