

DEPARTMENT OF PUBLIC UTILITIES
MUNICIPAL BUILDING ~ 156 NORTH MAIN STREET
WELLSVILLE, NY 14895
Phone: 585-593-4950
Fax: 585-593-3938

SWIMMING POOL NOTIFICATION

I do hereby certify that on _____ I filled my swimming pool located
(date)
at _____ . My pool holds _____
(address)
gallons. At the time of the pool filling, there was (check one):

- _____ no water in the pool
- _____ ¼ full of water
- _____ ½ full of water
- _____ ¾ full of water

I here request that the sewer charges be waived on the amount of water I used for the filling of the swimming pool. I understand that the waiving of the sewer charges will be granted only one time per calendar year.

(signature) (date)

(telephone #)

DPU acct # _____ DPU employee _____