

DEPARTMENT OF PUBLIC UTILITIES

23 NORTH MAIN STREET

WELLSVILLE, NY 14895

Phone: 585-596-1760

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 hereby request that the sewer charges be waived based on the amount of water I used for the filling of a 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 _____