

CITY OF BRANSON - SEWER ADJUSTMENT REQUEST FOR FILLING POOL

CUSTOMER/DBA NAME: _____ ACCOUNT #: _____

SERVICE ADDRESS: _____

CONTACT PERSON & PHONE #: _____

Please check one: Commercial

Residential

*Missouri Department of Natural Resources requires a permit for commercial locations for disposal of pool water on the ground. Please include a copy of your permit.

Date pool filled: _____ Date pool drained: _____

Please describe where pool was drained and how: _____

Type of Pool: Inground

Above Ground

Dimensions of Pool: _____

How many gallons does your pool hold: _____

I hereby request an adjustment to the sewer charges attributed to filling the pool listed above. None of the water used to fill the pool at this location will be released into the City of Branson Sewer system.

Signature

Date

FOR OFFICE USE ONLY

Date form received _____ Form Received By (initials): _____