

**SWIMMING POOL CREDIT REQUEST FORM**

Dear Sewer Customer:

It is the policy of the New Brighton Borough Sanitary Authority to grant one credit per year for filling of swimming pools.

Please complete all questions, date, sign, and return this form to the sewage office at 610 Third Avenue.

Name \_\_\_\_\_

Address \_\_\_\_\_

Account No. \_\_\_\_\_

Water Meter Reading (before filling pool) \_\_\_\_\_

Water Meter Reading (after filling pool) \_\_\_\_\_

Total Water Used \_\_\_\_\_

Dimensions of Pool \_\_\_\_\_

Date Pool was Filled \_\_\_\_\_

I certify that the above information is true and correct.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

Credit will be given on your August billing.