



**Pool Fill Adjustment Request Form**

Please fill in the form below. Along with this form you are required to attach your receipts and/or a letter from the company or person(s) who installed the pool or made the repairs. If you made the repairs yourself and no receipt is available, then you are required to provide a statement specifying what, when and where repairs were made. It is important that you send or fax this form along with your repair receipt(s) to Brunswick Glynn County Joint Water & Sewer Commission.

**Dear Customer:**

**Please fill in the form below.**

DATE: \_\_\_\_\_  
 CUSTOMER NAME: \_\_\_\_\_  
 BILLING ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**POOL CREDIT REQUEST**

**SERVICE ADDRESS:** \_\_\_\_\_  
**ACCOUNT NUMBER:** \_\_\_\_\_

I am requesting a pool credit for an initial, one time, pool fill upon completion of a new pool. I have attached all supporting documentation.

Pool Capacity is: \_\_\_\_\_ gallons or the dimensions of the pool are:  
 Length \_\_\_\_\_ Width \_\_\_\_\_  
 Shallow End Depth \_\_\_\_\_ Deep End Depth \_\_\_\_\_

The pool was filled on \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_  
 Date

I understand that upon review by the Brunswick-Glynn County Joint Water & Sewer Commission, I may be considered for a credit adjustment only on the sewer portion of my bill.\*

\_\_\_\_\_  
 Customer Print Name Date

*\*Please allow 2-3 month's normal billing cycles for any adjustment to appear on your bill. However, you are responsible for paying your utility bill during this time.*