



WILLIAMSPORT MUNICIPAL WATER AUTHORITY

And

WILLIAMSPORT SANITARY AUTHORITY

253 WEST FOURTH STREET

WILLIAMSPORT, PA 17701

(570) 323-6148

## Application for Swimming Pool Adjustment

Property Location: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Is this a new pool? : YES NO Are you filling the pool for the first time? : \_\_\_\_\_

Are you just "topping off" the pool to begin the season? : YES NO

Estimated # of days to fill \_\_\_\_\_

Total 1000 Gallons of Pool: \_\_\_\_\_ Proof Attached: \_\_\_\_\_

*By signing this application, I certify that all of the information contained herein is a true and accurate statement of the facts of the circumstances for which this application is being considered. The Williamsport Municipal Water Authority reserves the right to accept or reject any application. An acceptance of this application does not warrant or guarantee in any manner that it will be approved for an adjustment, only that the Authority will review the circumstances and give consideration to providing an adjustment. ONLY ONE ADJUSTMENT PER YEAR WILL BE CONSIDERED/APPROVED. The fee for this service is \$25.00.*

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Occupant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Authority's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Office Use Only:**  
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Appointment Date Prior to Fill: \_\_\_\_\_

Reading: \_\_\_\_\_ Work Order Attached: \_\_\_\_\_

Appointment Date after Fill: \_\_\_\_\_

Reading: \_\_\_\_\_ Work Order Attached: \_\_\_\_\_

Total Usage during Fill Period: \_\_\_\_\_

Water Charge: \$ \_\_\_\_\_ Sewer Charge: \$ \_\_\_\_\_

Adjustment Amount for Sewer: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_

Entered By: \_\_\_\_\_