# MILTON MUNICIPAL UTILITIES COMMISSION

**1139 SMITH STREET**
**MILTON, WV 25541**
**PHONE #: (304) 743-3422 FAX #: (304) 743-9294**
miltonwater@cityofmiltonwv.com miltonutilities@cityofmiltonwv.com


## POOL FILL SEWER ADJUSTMENT REQUEST FORM

**ONE POOL FILL SEWER ADJUSTMENT ALLOWED PER 12-MONTH PERIOD PER ACCOUNT**

CUSTOMER NAME: _____ DATE: _____

SERVICE ADDRESS WHERE POOL IS LOCATED: _____

PHONE #: _____ ACCOUNT #: _____

*I hereby notify Milton Municipal Utilities Commission that I have filled or maintained a pool at the above address. I am requesting an adjustment to my bill. I understand that by accepting any adjustment offer made by MMUC, I am utilizing my one pool fill sewer adjustment per 12-month period per account.*

*****THIS FORM DOES NOT RELIEVE RESPONSIBILITY OF PAYMENT*****

*This form does not relieve responsibility of payment. All bills must be paid in full by the due date. Visit our office before the due date to make a payment arrangement and avoid additional charges and/or disconnection of service.*

Please check below:
Request for Initial Pool Fill ☐ Beginning and Ending Date of Pool Fill: _____

Pool Dimension (length, width, depth): _____

Total Estimated Gallons: _____

Signature of Customer: _____Date: _____

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FOR MMUC USE ONLY

Date of Last Pool Adjustment _____

Average Usage: _____ Gallons Used Applicable Month: _____

Approved/Denied: _____