

**CITY OF ASHTABULA**  
**REQUEST FOR SEWER CREDIT**

**POOL CREDITS:**

- This form must be filled out completely and submitted to the Finance Department
- Proof of a valid swimming pool permit must accompany the request for credit

Name \_\_\_\_\_ Service Billing Acct# \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

DATE(S) FILLED \_\_\_\_\_

RECTANGULAR POOLS: LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_ AVG DEPTH \_\_\_\_\_

CIRCULAR POOLS: DIAMETER \_\_\_\_\_ AVG DEPTH \_\_\_\_\_

\_\_\_\_\_ The swimming pool will not be emptied into any drain or opening connected to the sanitary sewer system of the City.

\_\_\_\_\_ The City of Ashtabula is authorized to enter upon the applicant's premises for the limited purpose of verifying that the pool is located there and that it is being filled or has been filled.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**CITY OF ASHTABULA USE - DO NOT COMPLETE**

*Planning & Community Development Review*

Pool Permit # \_\_\_\_\_

Date of visit \_\_\_\_\_

Pool is located at service address and is full / being filled \_\_\_\_\_

\_\_\_\_\_  
Printed Name /Title

\_\_\_\_\_  
Signature

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*Finance Department Review*

Pool Volume (HCF) \_\_\_\_\_ Usage Credit : \_\_\_\_\_  
90% of pool volume

Amount: \_\_\_\_\_  
multiply rate by usage credit

AVG Usage (HCF) \_\_\_\_\_ Usage for Billing Period of fill (HCF) \_\_\_\_\_

Difference \_\_\_\_\_ Amount: \_\_\_\_\_  
multiply rate by difference

CREDIT AMOUNT APPROVED: \_\_\_\_\_

\_\_\_\_\_  
*Dana Pinkert, Finance Director*

\_\_\_\_\_  
Date

*Credit Applied* \_\_\_\_\_  
Date & Initials

# CITY OF ASHTABULA REQUEST FOR SEWER CREDIT

**OTHER CREDITS** - Reduction in the sewerage service charges for leakage on any lot, land or premise shall be made only in cases where it can be definitely determined that such leakage could not enter the sewerage system.

- This form must be filled out completely and accompanied by the water bill corresponding to the date of the event causing the excessive water consumption.

Name \_\_\_\_\_ Service Billing Acct# \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

DATE(S) of the event \_\_\_\_\_ Where did the water go \_\_\_\_\_

List the details of event event causing higher than avg consumption: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ To the best of my knowledge and belief the water is/was not able to enter the enter the sanitary sewer system of the City.

\_\_\_\_\_  
Printed Name Signature Date

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## CITY OF ASHTABULA USE - DO NOT COMPLETE

*Finance Department Reveiw*

AVG Usage (HCF) \_\_\_\_\_ Usage for Billing Period of event (HCF) \_\_\_\_\_

USAGE CREDIT : \_\_\_\_\_ AMOUNT OF CREDIT: \_\_\_\_\_  
Difference of avg & high amount multiply rate by ua=sage crcredit

\_\_\_\_\_  
Craig Pierce, WPC Superintendant Date Credit Applied \_\_\_\_\_  
Date & Initials