

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

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

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

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