

REQUEST FOR POOL CREDIT - TOWN OF SENECA FALLS

NAME _____

STREET ADDRESS _____

DATE SUBMITTED _____

DATE TO BE DELIVERED _____

PHONE NUMBER _____

PLEASE PLACE METER NEAR _____

POOL MANUFACTURER _____

POOL DIMENSIONS _____

OWNER'S SIGNATURE _____

TOWN OF SENECA FALLS USE ONLY

ACCOUNT NUMBER _____

POOL METER NUMBER _____

METER READING [IN] _____ **DATE INSTALLED** _____

METER READING [OUT] _____ **DATE REMOVED** _____

USAGE _____

AMOUNT OF POOL CREDIT _____

EMPLOYEE SIGNATURE [IN] _____

EMPLOYEE SIGNATURE [OUT] _____