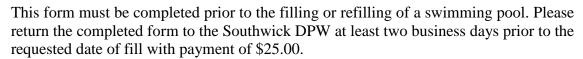
## Town of Southwick DPW-Sewer Division

## **Pool Fill Abatement Application**





Name:			Date:
Servic	e Address:		Phone Number:
Reque	Initial filling of s	for the following reason swimming pool (Brand nearly)	
Provid	le the following in	formation:	
	Date and time of	proposed pool filling/ref	fill:
	Above Ground		In Ground
	Diameter  Height		Length
			Width
			Depth at deepest end
pool. Applic Applic water a By sig	Abatements will Neations will not be and sewer paymer	NOT be granted for perior accepted if fill amount its. Abatements can only	g of a swimming pool or the complete refilling of a swin odic filling or "topping off" of a pool or any other outdoon it is less than 3,000 gallons. Applicant must be current by be applied for once yearly.  at you understand the statements above and the information of the statements above and the information.
Signat	ure of Applicant		Date
		FOR C	OFFICE USE ONLY
	Date Application Received:		Received By:
N	Meter Checked:		Accounts Current:
	Start Reading:		End Reading:
	Consumption:		Approval: