



Pool Fill Abatement Application

This form must be completed prior to the filling or refilling of a swimming pool. Please return the completed form to the Southwick DPW at least two business days prior to the requested date of fill with payment of \$25.00.

Name: _____ Date: _____

Service Address: _____ Phone Number: _____

Requesting abatement is for the following reason:

- ☐ Initial filling of swimming pool (Brand new pool install)
- ☐ Complete refilling (New liner install)

Provide the following information:

Date and time of proposed pool filling/refill: _____

Above Ground		In Ground	
Diameter		Length	
Height		Width	
		Depth at deepest end	

Abatements will be considered for initial filling of a swimming pool or the complete refilling of a swimming pool. Abatements will NOT be granted for periodic filling or “topping off” of a pool or any other outdoor use. Applications will not be accepted if fill amount is less than 3,000 gallons. Applicant must be current on all water and sewer payments. Abatements can only be applied for once yearly.

By signing below you are acknowledging that you understand the statements above and the information provided is correct.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Date Application Received:

Received By:

Meter Checked:

Accounts Current:

Start Reading:

End Reading:

Consumption:

Approval: