



Pool Filling Adjustment Form

Name: _____

Address: _____

Account Number: _____

Phone Number: _____

Date Pool was filled: _____

Signature: _____

Town Of Landis Pool Fill Adjustment Policy

- Fill must be for 1,000 gallons or more
- Only one pool filling adjustment is given per year for each address
- The adjustment will be for the sewer portion that is above normal usage
- The average will be calculated using the average water usage for the last three months

Email this form to UtilityServices@townoflandis.com or bring completed form to the

The Utility Services office at City Hall, 312 S. Main St.

Utility Services Office Use Only

Processed By: _____ Date: _____