TOWN OF BATH

Swimming Pool Fill Form

(REQUEST FOR WATER ONLY CHARGE FOR FILLING POOL)

Date:

Account #:

Name:

Address:

Phone Number:

Email Address:

**Pool Information:**

Dimensions of Pool:

Length x Width or Diameter:

Depth of Pool:

I understand that only one pool fill is allowed per calendar year. Topping off a pool is not cause for an adjustment.

Signature Date

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Town of Bath Office Use Only

Average Water Usage (6 mo)

Total Wastewater Credit: