

POOL FILL FORM

CUSTOMER POOL FILL INFORMATION

DATE	_____	PHONE #	_____
NAME	_____	SIZE OF POOL	_____
ADDRESS	_____	START DATE OF POOL FILL	_____
CUST #	_____	BEGIN READING	_____
LOC #	_____	END DATE OF POOL FILL	_____
GALLONS	_____	END READING	_____

Must have sewer service to receive pool fill adjustment

PLEASE COMPLETE AS MUCH INFORMATION AS POSSIBLE.

SUBMIT VIA EMAIL TO [SSIMON@OCWC1.COM](mailto:ssimon@ocwc1.com) OR FAX TO 409-769-3927