

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	_____

THIS FORM IS TO PROVIDE POOL-FILL ADJUSTMENTS FOR THOSE CUSTOMERS WHO HAVE WATER AND SEWER SERVICE WITH O.C.W.C. & I.D. NO. 1. PLEASE COMPLETE AS MUCH INFORMATION AS POSSIBLE PAYING CLOSE ATTENTION TO THE BEGINNING METER READING AND THE ENDING METER READING. THIS WILL HELP US ADJUST THE SEWER BILL ACCORDINGLY. ONCE YOU HAVE COMPLETED THE INFORMATION YOU MAY SUBMIT THIS FORM VIA EMAIL TO ssimon@ocwc1.com; BY FAX TO 409-769-3927; OR YOU MAY CALL THE INFORMATION IN TO SHERRY SIMON @ 409-769-2669 EXTENSION 111.