

TOWN OF JASPER

REQUEST FOR SWIMMING POOL ADJUSTMENT

4460 MAIN STREET, JASPER, TENNESSEE 37347  
(423) 942-3180 FAX: (423) 942-3110



Customer Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

I certify that I filled my swimming pool on: \_\_\_\_\_

Using Approximately \_\_\_\_\_ Gallons of Water

Only the sewer will be adjusted, you will responsible for the water used.

Customer Signature: \_\_\_\_\_

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FOR USE BY THE TOWN OF JASPER

Mayor Signature: \_\_\_\_\_

Clerk Signature: \_\_\_\_\_

Date Adjusted: \_\_\_\_\_

Amount of Sewer Adjusted: \_\_\_\_\_