



For office use only

Cycle/route: _____

Last pool fill: _____

Sewer billing: _____

Pool gallons: _____

Customer Billing Services
1015 Cultural Park Blvd
Cape Coral, FL 33990

E-mail: csbilling@capecoral.gov

Phone: (239) 574-7722 Option 3 then Option 5

ADJUSTMENT – POOL FILL CREDIT REQUEST FORM

A sewer adjustment may be available for filling a swimming pool. If a customer qualifies, a sewer adjustment will be calculated for the portion of the sewer volume above the customer's preceding six-month average, not to exceed the design capacity of the pool.

The following rules and restrictions apply:

- Request Form must be complete and received within **30 business days** of the pool fill.
- One adjustment is permitted per 12-month period.
- Pool shape and dimensions must be included below.
- Adjustments may take up to 6 billing cycles to process.

Customer name: _____

Service address: _____

Customer number: _____ Account number: _____

Customer phone number: _____ Email: _____

Reason for pool fill: _____

Fill Date: _____ If this is a new pool a permit number is required: _____

Pool Size (Dimensions)

Length: _____ Width: _____ Depth (Shallow End): _____ Depth (Deep End): _____

Pool shape: Rectangular _____ Round _____ Oblong _____ Kidney _____ Other _____

Pool contractor's Name: _____

Customer Signature

Date