



Pool Fill Adjustment Request Form

FOR OFFICE USE ONLY	
Reviewed By _____	_____
Date _____	_____
<input type="checkbox"/> Approved	_____
<input type="checkbox"/> Denied	_____

Application Requirements & Guidelines

City of Fort Smith allows single-family residential account holders to apply for a credit adjustment to their Water Utilities bill for pool filling under the following conditions.

1. Customer account is in good standing.
2. Customer has not received a pool fill adjustment in the previous twelve-month period.
3. Pool fill must be during the months of November, December, January, February, or March.
4. Customer must submit a copy of the repair invoice/payment receipt from company performing the pool work that requires pool fill. The repair invoice/payment receipt should include the address of the pool location, the date of the repair, the pool dimensions, and the date and amount of water used to fill the pool.
5. Customer must submit this signed application within 60 days of pool fill.
 - If approved, adjustment is available only for the sewer portion of the bill. No adjustment is available for water charges, and the applicable tiered rate structure shall apply.
 - The customer's prior 3-month average usage will be used to calculate the sewer charges for the high-water bill month in question.
 - Credit will not lower the billed volume for any month of service below its most recent three months' average or last season's sewer average.
 - For customers with less than three months' water usage, staff will estimate the usage by multiplying the number of residents by 2 CCF.
 - The adjustment is applied as a credit to the account
 - Customers must pay their bill in full if the adjustment is not posted to the account by the due date.

Customer Information

Name: _____ Account #: _____ Phone #: _____

Service Address: _____ Email: _____

Pool Fill Information

Number of Household Residents: _____ Reason for Pool Fill: New Pool Pool Repair

Date Pool was Filled: _____ Number of Gallons Used to Fill Pool: _____

Provide a brief explanation of repairs below. **Please complete this required field in addition to providing receipts.*

Customer Acknowledgement

My signature below certifies that I have read and understand the application requirements and guidelines. My Water Utilities account is currently in good standing, and I agree to pay my bill in full if an adjustment does not post to my account before the due date.

Customer Signature: _____ Date: _____

For questions or assistance, call (479) 784-2262. The application and attachments may be submitted by:

MAIL
 Citizen and City Services
 623 Garrison Avenue
 Fort Smith, AR 72901

FAX
 (479) 784-2298

EMAIL
 CitizenServices@FortSmithAR.gov