

## SWIMMING POOL ADJUSTMENT REQUEST

*Only one pool adjustment will be made during a 12 month time period.*

*Send completed form to customerservice@harrisburgnc.org*

### ACCOUNT HOLDER DETAILS

Date Issued: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Account Holder: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Approximate # of Gallons: \_\_\_\_\_ Date Pool will be Filled: \_\_\_\_\_

### OFFICE USE ONLY

***"Calculation of Pool Adjustment" must be attached.***

Date Applied: \_\_\_\_\_ Adjustment Amount: \$ \_\_\_\_\_  
Customer Service Supervisor: \_\_\_\_\_  
Finance Officer: \_\_\_\_\_