

Holiday Shores Sanitary District Pool Filling Sewer Credit Request Form

The following information shall be provided in order to request a sewer credit for pool filling. Once pool filling is complete, return this form to our office for review.

Sewer credit requests must then be approved by the HSSD Board of Trustees. Please contact HSSD staff to attend the next Board Meeting to request the sewer credit once review is complete.

Customer Name: _____

Address: _____

Approximate Capacity of Pool in Gallons: _____

Approximate Gallons being Added: _____

Dates of Pool Filling: _____ to _____

Any Additional Information:

Signature of Customer: _____ Date: _____

For Office Use Only

Application Received By: _____ Date: _____

Consumption During Request Period: _____

Average Normal Consumption Per Month: _____

Gallons Exceeding Average Usage: _____

Credit Amount of Exceeding Gallons to be Approved: \$ _____