

FULTON COUNTY FINANCE DEPARTMENT
WATER & SEWER DIVISION

141 Pryor Street, * 7th Floor * Atlanta, Georgia 30303 * Tel: (404) 730-6830 * Fax: (404) 335-5281



Dear Customer:

Please fill in the form below and sign where required. Send or fax this form to us with repair receipt if this is the second or more time you have requested or applied for a pool credit to fax # **404-335-5281**. To qualify for a pool credit, you must have sewer service with the County. Water only accounts customers "**DO NOT**" qualifies for pool credit. "**Please note pool credit is one time credit**".

DATE: _____

CUSTOMER NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Re: **POOL CREDIT REQUEST**

SERVICE ADDRESS: _____

ACCT#: _____



I am requesting a pool credit due to (reason for filling)

(Please specify if pool built, repaired, newly painted, other, etc; attach documentation and/or receipts to aid processing).

The pool capacity is _____gallon(s)/ or the dimensions of the pool are:

Length _____ Width _____ Depth _____

The pool was filled on _____
Date (Daytime/Weekday Telephone Number)

I UNDERSTAND THAT UNPON INSPECTION BY THE FULTON COUNTY WATER & SEWER DIVISION, I MAY BE CONSIDERED FOR A CREDIT ADJUSTMENT ONLY ON THE SEWER PORTION OF MY BILL.

Customer Signature

Date



PLEASE NOTE THAT ANY CREDIT ISSUED WILL BE REFLECTED ON YOUR NEXT BILL. IF THERE ARE ANY PROBLEMS WITH YOUR REQUEST, YOU WILL BE NOTIFIED.