

SWIMMING POOL ADJUSTMENT FORM

CYCLE _____ BOOK _____

NAME: _____

ADDRESS: _____

ACCOUNT NUMBER: _____

CUSTOMER NUMBER: _____

PHONE NUMBER: _____

DATE FILLED: _____

ACCOUNT MUST HAVE ATLEAST TWO NORMAL BILLINGS BEFORE IT WILL BE REVIEWED FOR AN ADJUSTMENT. ONCE ADJUSTMENT IS COMPLETED OR DENIED, CUSTOMER WILL BE RESPONSIBLE FOR ALL PAST DUE BALANCES. PLEASE CONTINUE TO PAY AN AVERAGE OF A NORMAL BILLING UNTIL ADJUSTMENT IS REVIEWED.

*******POOL ADJUSTMENT MAY NOT BE SUBMITTED
UNTIL *****
*****THE POOL IS ACTUALLY FILLED*******

SIGNATURE: _____ DATE: _____

******FOR OFFICE USE ONLY******

DATE TURNED IN: _____

RECEIVED BY: _____