



Pool Verification Form

Re: Acct # _____

Property Owner(s): _____

Property Address, City, ZIP: _____

Location of Pool: _____ New Pool Building Permit# _____

Dimension of Pool: _____ Gallons Filled: _____
(In thousand gallons)

Date Pool was filled: (Month/Day/Year) _____

Filled Completely? _____ Filled Halfway? _____ Other? _____

I wish to receive an adjustment on my Anne Arundel County Utility account for water used to fill the swimming pool at the above location. The water did not enter the sanitary sewer system.

I am aware that a pool adjustment and an excess use credit for lawn watering and other outdoor water use will not be granted in the same billing quarter based on the criteria as set forth by the county.

Print Customer Name Customer's Signature
Phone Numbers: Home _____ Cellphone _____
Today's Date: _____ Email: _____
(please print clearly)

Please Return/Mail Form to: (Note: Please do not send in Pool Form until Pool is filled.)
Customer Relations Attn: Pool Adjustment Request
Department of Public Works
Anne Arundel County
2662 Riva Road Suite 410
Annapolis, MD 21401

For Internal Office Use by Finance-Customer Service only:
Routing Number _____
Excess Use Credit Yes _____ No _____
If yes, amount of credit _____
Remarks: _____

For Internal Office Use by DPW only:
Pool Verification:

Approved by: _____ Disapproved by: _____ Reason for disapproval: _____
DPW DPW