

**Swimming Pool Verification Form**

Re: Acct # \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

Swimming Pool Location: \_\_\_\_\_ New Swimming Pool Building Permit #: \_\_\_\_\_

Dimension of Swimming Pool: \_\_\_\_\_ Gallons Filled: \_\_\_\_\_ (in thousand gallons)

Date Swimming pool was filled: (Month/Day/Year) \_\_\_\_\_

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

*I am aware that a swimming 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 set forth by the county.*

\_\_\_\_\_  
Print Customer Name                      Customer's Signature                      Today's Date

\_\_\_\_\_  
Home Phone                      Cell Phone                      Email (please print clearly)

**(Note: Send the Swimming Pool Verification Form within 30 days of filling the pool.) Please Return/Mail Form to:**

Anne Arundel County Department of Public Works  
Customer Relations – Swimming pool Adjustment Request  
2662 Riva Road, Suite 410  
Annapolis, MD 21401

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**For Internal Office Use by DPW only:**

**Approved Swimming pool Credit:** \_\_\_\_\_ (in thousand gallons)

**Approved by:** \_\_\_\_\_                      **Disapproved by:** \_\_\_\_\_                      **Reason for disapproval:** \_\_\_\_\_

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**For Internal Office Use by Finance-Customer Service only:**

**Routing Number:** \_\_\_\_\_

**Excess Use Credit: Yes** \_\_\_\_\_                      **No** \_\_\_\_\_                      **If yes, amount of credit:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_