

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 Form by Email or Mail to:

Anne Arundel County Department of Public Works
Customer Relations – Swimming pool Adjustment Request
2662 Riva Road, Suite 410
Annapolis, MD 21401
Email: pwcust00@aacounty.org

For Internal Office Use by DPW only:

Approved Swimming pool Credit: _____ (in thousand gallons)

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

For Internal Office Use by Finance-Customer Service only:

Routing Number: _____

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

Remarks: _____