

BOROUGH of QUAKERTOWN

Pool Sewer Credit

Applicant Information				
Name:				
Service address:				
Date of Fill – Beginning:	Water Meter Read:	Account:		
Date of Fill – End:	Water Meter Read:	Phone Number:		
Signature of Applicant:		Date:		

Important Information				
□ The Borough of Quakertown allows for an annual sewer credit for filling or topping off a swimming pool. I hereby request that a sewer credit be calculated based upon the information provided.				
□ The sewer credit will be applied to the Utility Department.	ne utility k	bill that is generated after the form is processed by the		
□ I certify that I will comply with the C the utilities.	ode of O	ordinances of the Borough of Quakertown that govern		
□ I certify that I will abide by Pennsylvania State regulations regarding the discharge of chlorinated water.				
□ Return completed form to:				
Borough of Quakertown Customer Relations Department 35 North Third Street Quakertown, PA 18951	or	<u>customercare@quakertown.org</u>		

Utility Billing Credit Verification To be Completed by the Borough of Quakertown			
Date Received:	Sewer Credit Amount:		
	\$		
Authorization:		Date:	