

SWIMMING POOL ADJUSTMENT FORM

For an adjustment to Sanitary District charges for water used to fill a swimming pool, fill out the following form and mail to the Decatur Sanitary District at the address listed below. The Sanitary District will decide if an adjustment is possible and the amount to be credited to your Municipal Utilities Billing.

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

\_\_\_\_\_

Municipal Utilities Billing Account Number: \_\_\_\_\_

Date That Swimming Pool Was Filled: \_\_\_\_\_

Amount of Water Used For Pool: \_\_\_\_\_

(size of pool or  
meter readings can be used) \_\_\_\_\_

Send this form to:     Decatur Sanitary District  
                              501 Dipper Lane  
                              Decatur IL 62522

If you have any questions, call the Sanitary District at 217/422-6931.