

Town of Moorefield

Please see our updated leak adjustment policy before completing.

Pool Adjustment Form (credit may be applied to future bill)

Account # _____ Customer Name _____

Address _____ Phone Number _____

Dates pool was filled _____

Pool Shape (circle one): ROUND RECTANGLE OVAL

Pool Dimensions (FEET): Diameter (if round) _____ Max Length _____ Max Width _____

Shallow end depth (FEET) _____ Deep end depth, if applicable (FEET) _____

DEPTH OF WATER YOU ADDED (FEET) _____

I, the undersigned, swear that the above information is true and accurate to the best of my knowledge. I understand that I can only receive one pool adjustment a year as stated in the Town of Moorefield Tariff.

Customer Signature _____

Date: _____

You may mail, fax or email this form to the following:

Town of Moorefield
206 Winchester Avenue
Moorefield, WV 26836

Fax: (304) 530-6933

Email: bethany@townofmoorefield.com

CALCULATED GALLONS _____

MEASURED GALLONS _____

Measured from meter software