

BUCHANAN COUNTY PUBLIC SERVICE AUTHORITY
PO BOX 30
VANSANT, VA. 24656

REQUEST FOR POOL FILL UP ADJUSTMENT

ACCOUNT NO. _____

NAME _____

I am requesting an adjustment to the sewer charges for bill dated _____ for
(Date)

the above referenced account due to filling a swimming pool. I am requesting that my sewer charges be adjusted to the average for the last three months.

I understand that only one pool adjustment per summer/season will be granted per year.

Signature

Date