



**FULTON COUNTY FINANCE DEPARTMENT  
WATER & SEWER DIVISION**

141 Pryor Street, \* 7th Floor \* Atlanta, Georgia 30303 \*  
Tel: (404) 612-6830 \* Fax: (404) 612-0333  
Email Address: Adjustment.Request@Fultoncountyga.gov

Dear Customer:

Please fill in the form below and sign where required. Send or fax this form to us with repair receipt if this is the second or more time you have requested or applied for a pool credit to fax # **404-612-0333**. To qualify for a pool credit, you must have sewer service with the County. Water only accounts customers **“DO NOT”** qualifies for pool credit. **“Please note pool credit is one time credit”**.

DATE: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: STATE: ZIP CODE: \_\_\_\_\_

Re: **POOL CREDIT REQUEST**

SERVICE ADDRESS: \_\_\_\_\_

ACCT#: \_\_\_\_\_



I am requesting a pool credit due to (reason for filling)

(Please specify if pool built, repaired, newly painted, other, etc.; attach documentation and/or receipts to aid processing).

The pool capacity is \_\_\_\_\_ gallon(s)/ or the dimensions of the pool are:

Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

The pool was filled/Refill on \_\_\_\_\_

**Date**

**(Daytime/Weekday Telephone Number)**

I UNDERSTAND THAT UNPON INSPECTION BY THE FULTON COUNTY WATER & SEWER DIVISION, I MAY BE CONSIDERED FOR A CREDIT ADJUSTMENT ONLY ON THE SEWER PORTION OF MY BILL.

**Customer Signature**

**Date**



PLEASE NOTE THAT ANY CREDIT ISSUED WILL BE REFLECTED ON YOUR NEXT BILL. IF THERE ARE ANY PROBLEMS WITH YOUR REQUEST, YOU WILL BE NO