

TOWN OF NORTH ATTLEBOROUGH
SEWER DEPARTMENT

POOL ADJUSTMENT FORM

DATE: _____

CUSTOMER NAME: _____

CUSTOMER ADDRESS: _____

MAILING ADDRESS: _____

TYPE OF POOL (Check One): Above-Ground In-Ground

SEWER ADJUSTMENT: \$ _____

REASON FOR ADJUSTMENT: New Pool Liner Repair

Sewer abatements for new or repaired pools require proof of installation or purchase. Owner shall provide copy of installation contract, purchase receipt or lining

Proof of New or Repaired Pool: _____

FISCAL OPERATIONS MANAGER: _____

CLERK: _____

DATE ADJUSTED: _____