



City of Kent
Swimming Pool Credit Questionnaire
Utility Billing Office
930 Overholt Road
Kent, OH 44240
Utility.Billing@KentOhio.gov

THIS QUESTIONNAIRE IS TO DETERMINE THE AMOUNT OF CREDIT FOR SWIMMING POOL WATER THAT WILL NOT ENTER THE KENT CITY SANITARY SEWER SYSTEM.

ACCOUNT NUMBER: _____

SERVICE ADDRESS: _____

ACCOUNT HOLDER'S NAME: _____

MAILING ADDRESS: _____

TELEPHONE #: _____

CAPACITY OF POOL: _____ **GALS OR C.F.**

DATE POOL FILLING BEGAN: _____ **METER READ:**

DATE POOL FILLED: _____ **METER READ:**

NOTE: NO SEWER CREDIT WILL BE GIVEN IF DATES AND METER READINGS ARE NOT FURNISHED.

I hereby request that a credit be given on the sewer portion of the City of Kent utility bill for the above amount of water. I hereby certify that this water will not enter the sanitary sewer system and that the above information is correct.

Signature of account holder

****SWIMMING POOL CREDITS MUST BE RECEIVED BY SEPTEMBER 15TH
FORMS RECEIVED AFTER THE 15TH WILL NOT BE PROCESSED.**

FINANCE USE ONLY BELOW THIS LINE