



**CITY OF MIRAMAR
FINANCE DEPARTMENT/UTILITY BILLING
2300 CIVIC CENTER PLACE
MIRAMAR FL 33025-6577
PHONE: (954) 602-3028, OPTION #1
FAX: (954) 602-3650**

SEWER ADJUSTMENT CHARGE WHEN FILLING POOL

- ✓ I hereby certify that not less than ten (10) days nor more than thirty (30) days after filing this notice, I will fill, or drain and refill my swimming pool.
- ✓ I understand that I will be given an adjustment of the current sewer consumption rate for either 12,000 gallons (in-ground pool), or 6,000 gallons (above ground pool).
- ✓ I further understand that I will only receive an adjustment if and only if I am on the city sewer line. Homes with septic tanks do not qualify for a sewer adjustment.

POOL MUST BE COMPLETELY EMPTIED AND REFILLED FOR ANY CREDIT

ACCOUNT NUMBER: _____
NAME: _____
SIGNATURE: _____
ADDRESS: _____
PHONE: _____
DATE POOL FILLED: _____
<input type="radio"/> IN-GROUND POOL
<input type="radio"/> ABOVE-GROUND POOL

Fax this form to (954) 602-3650