

ALGOMA UTILITIES APPLICATION FOR POOL FILLING CREDIT/BULK WATER PURCHASE

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|-------------------------|-----------------|
| Billing Name & Address | Service Address |
| Point of Contact: _____ | |

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|-----------------------------------|--|
| Type of Service Requested: | |
|-----------------------------------|--|

| <input type="checkbox"/> *Pool Filling Credit (Sewer) Dates & Times Water Ran: From: (Date & Time) _____ To: (Date & Time) _____ Account #: _____ Beginning Mtr Reading: _____ Ending Mtr Reading: _____ Size of pool: Length: _____ Width: _____ Depth of water added: _____ Est amount of water used: _____ | <input type="checkbox"/> Bulk Water Dates Water Picked Up: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 60%;">Date</th> <th style="text-align: left; width: 40%;">Est # of Gallons</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | Date | Est # of Gallons | _____ | _____ | _____ | _____ | _____ | _____ |
|--|--|------|------------------|-------|-------|-------|-------|-------|-------|
| Date | Est # of Gallons | | | | | | | | |
| _____ | _____ | | | | | | | | |
| _____ | _____ | | | | | | | | |
| _____ | _____ | | | | | | | | |

| | |
|-----------------------|-------------------------|
| Signature: _____ | Date: _____ |
| Name (Printed): _____ | Telephone Number: _____ |

Approved by: _____ Date: _____

NOTE: THE ALGOMA UTILITY NEEDS TO ACCURATELY ACCOUNT FOR ALL WATER PUMPED FROM ITS SYSTEM. THE UTILITY NEEDS TO REPORT THIS INFORMATION TO THE PUBLIC SERVICE COMMISSION (P.S.C.) OF WISCONSIN. THANK YOU FOR COMPLETING THIS REPORT, YOUR COOPERATION IS GREATLY APPRECIATED!

***Pool filling sewer credits are only given for usage over 1,000 gallons and are limited to one credit per year.**