

Pool Allowance Request Form:

Please complete the information below and return it to our office by any of the following:

fax 724-993-4741

Email customerservice@wewja.org

Regular Mail: PO Box 510, Washington PA 15301

Please note: This adjustment is provided as a courtesy and can only be provided once per calendar year.

Customer Information:

Name: _____

Service Address: _____

Account Number: _____

Pool Information:

Date of Fill : _____

Meter Beginning Read: _____

Meter End Read: _____

Pool Shape: _____

Pool Dimensions: _____

Above Ground _____ Below Ground _____

Complete Fill _____ Partial Fill _____

If you have any questions, please feel free to contact the office at 724-225-1010.