

Pool Allowance Request Form

WEWJA Customers Only

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

Drop Off: 2 Wilson Avenue, 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: _____

Sewage Account Number: _____

Phone Number: _____

Pool Information:

Date of Fill: _____

Meter Beginning Read: _____

Meter End Read: _____

Pool Shape: _____

Pool Dimensions and Depth: _____

Above Ground: _____ Inground: _____

Complete Fill: _____

Partial Fill (Please include inches or feet) : _____

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

Note: Please include as much information as possible in order to adjust account accurately.