



# POOL FILL UP ADJUSTMENT FORM

(MUST BE CONNECTED TO SEWER TO QUALIFY)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

BEGINNING METER READING: \_\_\_\_\_ END METER READING: \_\_\_\_\_

START FILL DATE: \_\_\_\_\_ END FILL DATE: \_\_\_\_\_

NUMBER OF GALLONS: \_\_\_\_\_

*This form can be mailed to the address below, dropped off at City Hall or emailed to [shwater@springhilltn.org](mailto:shwater@springhilltn.org).*

SIGNATURE: \_\_\_\_\_

199 Town Center Parkway  
P.O. Box 789  
Spring Hill TN 37174

Phone: 931-486-2252  
Fax: 931-486-0516  
[www.springhilltn.org](http://www.springhilltn.org)

7/21/2021