



**City of Kent**  
Swimming Pool Credit Questionnaire  
Utility Billing Office  
319 S. Water Street  
Kent, OH 44240  
Utility.Billing@KentOhio.gov

**THIS QUESTIONNAIRE IS TO DETERMINE THE AMOUNT OF CREDIT FOR SWIMMING POOL WATER THAT WILL NOT ENTER THE KENT CITY SANITARY SEWER SYSTEM.**

**ACCOUNT NUMBER:** \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_

**ACCOUNT HOLDER'S NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_

**CAPACITY OF POOL:** \_\_\_\_\_ **GALS OR C.F.**

**DATE POOL FILLING BEGAN:** \_\_\_\_\_ **METER READ:**

**DATE POOL FILLED:** \_\_\_\_\_ **METER READ:**

**NOTE: NO SEWER CREDIT WILL BE GIVEN IF DATES AND METER READINGS ARE NOT FURNISHED.**

*I hereby request that a credit be given on the sewer portion of the City of Kent utility bill for the above amount of water. I hereby certify that this water will not enter the sanitary sewer system and that the above information is correct.*

\_\_\_\_\_  
Signature of account holder

**\*\*SWIMMING POOL CREDITS MUST BE RECEIVED BY SEPTEMBER 15TH  
FORMS RECEIVED AFTER THE 15TH WILL NOT BE PROCESSED.**

\_\_\_\_\_  
FINANCE USE ONLY BELOW THIS LINE