

LEAK / POOL FILL ADJUSTMENT POLICY

IT IS THE POLICY OF THE AUSTIN WATER DEPT. TO ADJUST SEWER BILLS ONE TIME EACH CALENDAR YEAR WHEN A CUSTOMER FILLS A VERIFIED LEAK OR SWIMMING POOL.

TO BE ELIGIBLE FOR THIS ADJUSTMENT, THE LEAK OR POOL MUST NOT DISCHARGE WATER BACK IN TO THE SANITARY SEWER SYSTEM.

THIS ADJUSTMENT WILL NOT BE DONE AUTOMATICALLY. CUSTOMERS MUST CONTACT AUSTIN WATER DEPT. TO REQUEST A "LEAK/POOL FILL ADJUSTMENT FORM" WITHIN 60 DAYS OF REPAIRING LEAK OR FILLING THEIR POOL.

WATER USAGE IS NEVER ADJUSTED FOR LEAK OR POOL FILL UPS.

THE ADJUSTMENT WILL BE BASED ON THE WATER USAGE DURING THE MONTH THE POOL WAS FILLED MINUS THE AVERAGE WATER USE DURING THE PREVIOUS SIX (6) MONTHS.

THE ADJUSTMENT WILL NOT EXCEED THE MAXIMUM GALLONS FOR THE POOL

THE FORM BELOW MUST BE COMPLETED IN ITS ENTIRETY AND APPROVED BY THE AUSTIN WATER DEPT.

THE CUSTOMER'S ACCOUNT MUST BE CURRENT TO RECEIVE THE ADJUSTMENT. CUSTOMERS MUST ALSO CONTINUE TO PAY THE FULL AMOUNT OF THEIR BILL UNTIL THE ADJUSTMENT IS APPROVED AND APPLIED TO THEIR ACCOUNT. ANY LATE OR PAST DUE AMOUNTS WILL BE PENALIZED ACCORDINGLY.

A VISIT TO THE PROPERTY MAY BE NECESSARY IN SOME CASES TO VERIFY THAT A LEAK OR POOL HAS BEEN FILLED/REPAIRED AND THAT IT IS NOT PLUMBED TO DISCHARGE WATER BACK IN TO THE SANITARY SEWER. THE CUSTOMER WILL BE CONTACTED PRIOR TO ANY VISIT BEING MADE BY A CITY EMPLOYEE TO THE PROPERTY.

ANY DISPUTES RELATED TO THE REJECTION OF A CUSTOMER'S REQUEST MUST BE BROUGHT BEFORE THE MAYOR'S OFFICE.



LEAK / POOL FILL ADJUSTMENT APPLICATION FORM

CUSTOMER: _____ DATE: _____

ACCOUNT #: _____ STREET ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE#: _____ CELL PHONE#: _____

DATE LEAK/POOL WAS REPAIRED/FILLED: _____

POOL DIMENSIONS: _____ MAXIMUM GALLONS: _____

CAN THE POOL DISCHARGE WATER IN TO THE SANITARY SEWER? YES ___ NO ___

I, THE UNDERSIGNED, SWEAR THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND I BELIEVE THAT I AM ENTITLED TO AN ADJUSTMENT AS DESCRIBED IN THE POLICY.

CUSTOMER SIGNATURE _____ DATE _____

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DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY

WATER USAGE DURING THE MONTH OF FILLING THE REPAIR/POOL: _____

AVERAGE USAGE FOR THE SIX MONTHS PRIOR TO REQUEST: _____

ADJUSTMENT AMOUNT: _____

DATE OF CUSTOMER NOTIFICATION: _____

IF APPROVED, MONTH OF SEWER BILL ADJUSTMENT: _____

ENTERED IN TO RECORD BY: _____