



2194 EMORY STREET N.W. * P.O. Box 1527
COVINGTON, GEORGIA 30015

Phone: (770) 385-2000

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Sewer Adjustment Form for Filling a Swimming Pool

Date: _____

Name: _____

Phone: _____

Service Address: _____

Type of pool: Above ground _____ Inground _____

Size of pool: _____

Date you started filling pool _____ Reading _____

Date you completed filling pool _____ Reading _____

If you fail to provide any of the information above, you will not be eligible for a sewer reduction.