

POOL ADJUSTMENT FORM

BERKELEY COUNTY PSSD POOL ADJUSTMENT

ACCOUNT NUMBER _____

ACCOUNT
NAME _____

DATE POOL TO BE FILLED _____

HOW IS POOL
DRAINED _____

****ONLY ONE POOL ADJUSTMENT PER ACCOUNT IS AUTHORIZED
UNDER THE POLICES OF THE DISTRICT:**

Certify that the above information has been provided by me to the best of my knowledge

Customer Signature