

**CITY OF FRANKLIN WATER AND SEWER DEPT.
SWIMMING POOL FILLING AFFIDAVIT
SEWER ADJUSTMENT REQUEST**

Name _____

Address _____

Date pool filled _____

Amount of gallons _____

I herby verify the above information to be correct. I am requesting a one-time annual sewer adjustment for the filling of a pool.

Signature

Date

Customer Account #

Clerk