



Customer Care Department
2791 East Point Street
East Point, GA 30344
(404) 270-7010 Office
(404) 209-559-4438 Fax
www.eastpointcity.org

Swimming Pool Adjustment Request Form

(Filling of swimming pool)

Name: _____

Service Address: _____

Phone Number: _____

Size of swimming pool: _____ How many gallons does it hold: _____

Is the pool an above ground _____, or below ground _____ (please check one)

Date you started filling pool: _____ Reading off of water meter: _____

Date you stopped filling pool: _____ Reading off of the water meter: _____

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

Customer Care Dept. Office Use Only

Date meter was taken out: _____

Meter Serial Number: _____

Meter Reading In: _____

Meter Reading Out: _____

Total Wastewater Credit: _____

Mission Statement

*To provide exceptional city services in the most professional, courteous and effective manner
to enhance the quality of life in the City of East Point.*