

Pool Credit Request



The City of Pembroke Pines allows for a pool credit if you had to fully empty and re-fill your pool due to repair, cleaning or new construction. To see if you qualify, wait until you receive the Utility bill after pool is filled. Submit a copy of pool repair bill that reflects repair date, your name, service address, company name, address, phone #, detailing what work was done. If you did the work yourself, submit a copy of dated receipt for the materials/chemicals purchased and include a full description of the work that was completed, including the completion date. A partial sewer credit is based on your monthly average consumption and the volume/dimensions of your pool. Once your request has been reviewed you will be contacted. If you have any questions, please contact Utilities Customer Service at (954)518-9000.

Customer Information

Name on Account:	
Utility Account # - CID #:	
Service Address:	
Contact Phone #:	

Pool/Repair Information

Date Pool Repaired:		
Nature of Repair:		
Date Drained Pool:		
Date Filled Pool:		
Approximate gallons:		
Type of Pool: (*See below)	<input type="checkbox"/> In-Ground	<input type="checkbox"/> Above Ground
Pool Dimensions (ft) <small>(please include all)</small>	Length ____ X Width ____ X Depth: (Shallow end) ____ (Deep end) ____	
*For a round pool please submit diameter of pool and depth only	Diameter ____ Depth ____	

Initials required for each item below for request to be considered:

- _____ I understand - I must provide sketch of pool from Broward County Property Appraiser (BCPA) for existing pool, copy of plans showing all dimensions for new pool, or copy of make/model/specs. for above ground pool.
- _____ I understand - A Pool credit will only be considered once in a 12 month period.
- _____ I understand - Requests submitted without supporting documents will not be considered.
- _____ I understand - A credit will not be considered for a partially filled pool or "topping off" a pool.
- _____ I understand - If a credit is warranted it will be applied within the next 2-3 billing cycles.
- _____ I understand - All balances due are to be paid during this process to avoid delinquent turn-off and late fee.

Print Name: _____ **Customer Signature:** _____
(Electronic Signature Not Accepted)

Date Submitted: _____ **Email Address:** _____

OFFICIAL USE ONLY				
Pending: _____	Approved: _____	Denied: _____	Submitted by: _____	Date: _____
Comments:				

Date of Last Pool Credit _____				