



REQUEST FOR SEWER CHARGE CREDIT

Name: _____ Account #: _____

Address: _____ Phone #: _____

Please note: The City of Yale, while under no obligation, will review and consider adjustments for sewer charges.

Fill Pool/ Spa	Date Started Filling Pool: _____
	Reading Before Pool Filled: _____
	Date Ended Filling Pool: _____
	Reading After Pool Filled: _____
	Size of Pool: _____ (Example: 10' x 75')
Gallon capacity of Pool: _____	
*** Please note: Only one Pool Fill sewer credit allowed per year	

Customer Signature

Date

Please return this form to City Hall at 209 N. Main Street, Yale, OK
You may also fax it to: 918-387-2402 or email it to cityofyale@yaleok.org

=====

For Office Use Only:

Credit Amount: _____

Mgr Approval: _____

Date Entered: _____

Staff Initials: _____