



SWIMMING POOL FILL SEWER CREDIT APPLICATION

Please submit to:
City of Plantation; Utility Billing Department
400 N.W. 73rd Ave. Plantation, FL 33317
or scan and email to utilitybilling@plantation.org

DATE APPLICATION FILED _____

ACCOUNT _____

NAME _____ **PHONE#** _____

ADDRESS _____

PLEASE NOTE:

-THE CITY OFFERS ONE COURTESY SEWER CREDIT PER YEAR

-THERE MUST BE A MINIMUM OF 5,000 GALLONS USED OVER AVERAGE TO QUALIFY

DATE(S) POOL TO BE FILLED _____

POOL SIZE (Length x Width) OR CAPACITY _____

POOL COMPANY NAME
(If applicable please submit pool company documentation) _____

OFFICIAL USE ONLY

CYCLE _____ **BOOK** _____

CONSUMPTION

Length X Width X Depth (est. 4.5) X 7.5 (per cubic feet of water)= consumption X sewer rates

TOTAL CONSUMPTION MONTH OF FILLING _____

AVERAGE CONSUMPTION _____

AMOUNT OF SEWER CREDIT _____

PREPARED BY/DATE _____ **APPROVED BY/DATE** _____