



**Village of Geneva-on-the-Lake**  
4929 South Warner Drive  
Geneva-on-the-Lake, Ohio 44041  
Phone: 440-466-8197 Fax: 440-466-8911

[www.genevaonthelake.org](http://www.genevaonthelake.org)

## **Swimming Pool Sewer Credit Application Form**

Owner Name \_\_\_\_\_  
Owner Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Property Address \_\_\_\_\_  
(if different from above)  
Water Account # \_\_\_\_\_

I, \_\_\_\_\_, hereby request an adjustment to my sanitary sewer account for the purposes of filling/draining a swimming pool consistent with 921.09 of the Codified Ordinances of Geneva-on-the-Lake and that all statements and documents attached are true and correct to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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### Office Use Only

Requirements:

- Attached evidence water consumption was used for the filling of a pool.
- Verified pool does not drain into the Sanitary Sewer System.

Inspected: \_\_\_\_\_ Date \_\_\_\_\_  
WWTP Supervisor

Date Submitted to ACDES & Fiscal Officer : \_\_\_\_\_