



Water and Gas Department
P.O. Box 509
Waveland, Ms. 39576
Phone (228) 467-9428
Fax (228) 467-9845

Swimming Pool Affidavit
For Sewer Credit Only

Customer Name: _____
Service Address: _____
Account Number: _____
Phone Number: _____
Please Specify: In Ground or Above Ground
Pool Capacity (in gallons): _____

Note: This affidavit is for an annual (once per year only) sewer credit adjustment for the filling of a swimming pool. Customer must meet all criteria to apply for this sewer credit and is subject to the verification process by the City of Waveland Water & Gas Department.

I, _____, understand that in order to qualify for this sewer adjustment, I must complete all of the above information before the pool fill begins. I am also required to contact the water & gas department **within 3 days** from the start of the pool fill to inform them that I have completed this pool fill. I acknowledge that I will not qualify for this sewer credit if the criteria are not met.

Customer Signature/Date

OFFICE USE ONLY: Meter reading PRIOR to pool fill: _____ Time: _____ Date: _____
Meter reading AFTER pool fill: _____ Time: _____ Date: _____
Work Order # for Data Log, if needed: _____