

City of Marine City Utility Billing 260 S. Parker Marine City, MI 48039 (810) 765-8846

Date: _____

Instructions:

This application must be completed each year when preparing to fill your swimming pool or hot tub. The Department of Public Works may, when necessary, verify the meter readings reported by the Homeowner. Upon completion of the required information, return the form to the City Offices at 260 S. Parker for review and approval, if qualified. Please allow one billing cycle for your bill to reflect the approved adjustment.

Only one (1) allowable adjustment per calendar year.

Homeowner Name:	Phone Number:
Service Address:	
Date of Pool Filling:	
Pool Size (length x width x depth)	
Meter Reading:	
Prior to Filling	After Filling
Application shall result in the forforwater used for a pool filling may r	alse or misleading statements made on this Waiver of Sewer Fees – Annual eiture of any waived sewer fees. Homeowner also acknowledges that the not be discharged into the sanitary sewer system.
	Office Use Only
Total Usaga far Daal Filling	
Total Usage for Pool Filling:	
Rate of Adjustment: <	<u> </u>
Adjustment Amount: <u><</u>	<u> </u>
Utility Billing Clerk:	