



Pool Filling Adjustment Request Form
City of Baldwin Accounts Receivable
P.O. Box 247
186 Hwy 441 Bypass, Baldwin, GA 30511

Name: _____

Date Requested: _____

Phone #: _____

Account #: _____

Service Address: _____

Gallons: _____

Full or Partial Fill: _____

Pool Size: _____

Date of Completion: _____

Applicant Signature: _____ Date: _____

Utility Billing Supervisor: _____ Date: _____