



Kenosha Water Utility



No. Swimming Pool Permit

Date Issued _____ Filling Date _____ Time _____

Billed To: _____ To Be Used At _____

_____ Contact Person _____

_____ Phone Number _____

NOTE: An extra fee will be charged if an appointment is missed or if the pool is not ready when water utility personnel arrive. No charge for an appointment canceled 24 hours in advance.

Swimming Pool Size _____

<u>Charge for Service</u>	<u>Amount</u>	<u>Account Number</u>	<u>Code</u>
\$160.00 Service Charge * Before 3:30 p.m.	_____	601-00-44691-000	081
\$233.00 Service Charge * After 3:30 p.m. & Saturdays	_____	601-00-44691-000	081
Total Due	_____		

*A charge for the volume of water used will be billed at \$1.49 per 100 cubic feet.

Amount Paid _____ Receipt # _____

Signature of Applicant _____

(For Office Use)

Meter # Used _____

Start Reading _____

End Reading _____

Consumption 100 cu. ft. _____ X \$1.49 = \$ _____ 601-00-44611-000-000

Add Service Charge if Needed \$ _____ 601-00-44691-000-000

Amount to be Billed \$ _____

Date Billed _____ Invoice # _____ Customer # _____

