



Swimming Pool Affidavit for Sewer Credit

Attn: City Hall – Utility Billing Clerk
City of Green Cove Springs
321 Walnut St.
Green Cove Springs, FL 32043
P: (904) 297-7500
F: (904) 284-2718
Customerservice@greencovesprings.com or
cs@greencovesprings.com

Please check one of the following:

- ☐ Affidavit for homeowner's one-time sewer credit for refilling of a swimming pool.
- ☐ Affidavit for homeowner's one-time sewer credit for initial filling of a swimming pool.
- ☐ Affidavit for homeowner's sewer credit for refilling a swimming pool after repairs (maximum of 2).
- ☐ Affidavit for commercial swimming pool (i.e. new apartment complex) initial filling.

Customer Name: _____

Property Address: _____

Contact No.: _____ Email Address: _____

Date of Refill: _____ New Pool or Repair Completion: _____

Please specify: ☐ In ground ☐ Above Ground - Building Permit Number: _____

Pool Capacity (in gallons): _____

Water Meter Number (found on your bill): _____

Meter Reading Prior to Pool Fill: _____ Date: _____

Meter Reading After Pool Fill: _____ Date: _____

I certify that the above information is true and correct. I understand that my credit shall be calculated in accordance with Section 90-31 of the Municipal Code, and that the pool capacity has been accurately stated and the building permit from the Building and Zoning Inspection Division is attached (under-ground pools only). Above ground pools are required to provide photo evidence of size if the gallons are not clearly stated on receipt. I also understand that this application must be submitted within thirty (30) days of the completion of the pool fill. Requests are per residence not per pool structure.

Owner/Builder/Repairer Signature

Print Name and Company Name