



## 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](mailto:Customerservice@greencovesprings.com) or  
[cs@greencovesprings.com](http://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 (underground 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