

Madisonville Municipal Utilities

77 North Main Street
PO Box 710
Madisonville, KY 42431
Phone: 270-824-2102
FAX: 270-821-0271

REQUEST FOR SUMMER RATE FOR INITIAL FILLING OF SWIMMING POOL

NAME _____

ADDRESS _____

ACCOUNT NUMBER _____ PHONE _____

POOL CAPACITY _____

DATE POOL WILL BE FILLED _____

THIS FORM MUST BE ON FILE BEFORE WE BILL FOR THE MONTH YOUR POOL IS FILLED.

I CERTIFY THAT I AM THE OWNER OF A POOL AT THE ABOVE ADDRESS.

SIGNATURE _____

DATE _____

THIS SPECIAL RATE ONLY APPLIES TO THE FIRST FILL-UP OF YOUR POOL.

ADDITIONAL FILL-UPS WILL HAVE THE REGULAR RATE.