

City of Pinellas Park
5141 78th Ave
PO Box 1100
Pinellas Park, FL 33780-1100



Pool Fill Affidavit

Today's Date: _____

Customer Name: _____

Meter#: _____

Address: _____

Phone: _____

Driver's License #: _____

Account Number: _____

Email: _____

Beginning Reading: _____

Date: _____

Ending Reading: _____

Date: _____

Consumption: _____

Pool Size: _____

Shape: _____

Above or Below Ground Pool: _____

Approximate Capacity: _____

Please return completed form to the City of Pinellas Park Utility Billing Division at:
www.pinellas-park.com/CustomerService

OFFICE USE ONLY

Cycle#: _____

Billed Consumed: _____

Average Consumed: _____

Credit = _____ Units x _____ + Surcharge _____ = \$ _____

Less Fee - \$ _____

Total Credit = \$ _____