

COMMISSIONERS
JEFFERY A. FORSLUND
CURTIS R. HELFRICH, PE
ROBERT W. HOOPER, JR.
JAY D. LEIGH
DONALD S. SMITH



GENERAL MANAGER
WILLIAM C. JORDAN
COMPTROLLER
HELENA K. STICKLES, CPA
SPECIAL PROJECTS ADMINISTRATOR
WILLIAM P. JENKINS
OPERATIONS MANAGER
ARTHUR W. MEADE

POOL FILL ADJUSTMENT REQUEST FORM

Please allow ten (10) business days for your request to be processed. Customers requesting an adjustment are responsible for making all payments on or before the date due.

Customer Name: _____
Customer Account #: _____
Date of Request: _____
Service Address: _____
Phone #: _____
Email: _____

- I hereby notify Isle of Palms Water & Sewer Commission (IOPWSC) that I have filled or maintained a pool at the above address. I am requesting an adjustment to my bill per IOPWSC policy. IOPWSC will review and notify customer of decision within ten (10) business days.
- I understand this form does not relieve my responsibility for payment.

Beginning Date of Pool Fill: _____
Ending Date of Pool Fill: _____
Pool Company: _____
Pool Dimension (Length, Width, Depth): _____
Total Gallons: _____
Signature of Customer: _____
Date: _____

PLEASE ATTACH LETTER FROM POOL COMPANY, IF APPLICABLE.

Submit to:
Isle of Palms Water & Sewer Commission
Attn: Pool Fill Adjustment
P.O. Box 528
Isle of Palms, SC 29451
Or email to: info@iopwsc.com