

# ANDOVER FIRE DEPARTMENT POOL FILL FORM

**Fax: 607-478-8361**

(TO BE COMPLETED BY CUSTOMER/CLERK'S OFFICE):

Pool Fill Request Date: \_\_\_\_\_ Date Faxed: \_\_\_\_\_

➤ Name of resident: \_\_\_\_\_

➤

➤ Address: \_\_\_\_\_

➤

➤ Customer Phone #: \_\_\_\_\_

Village approval: \_\_\_\_\_

Amount billed: \$ \_\_\_\_\_ Date billed: \_\_\_\_\_

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(TO BE COMPLETED BY FIRE DEPARTMENT):

Fire Chief Approval: \_\_\_\_\_

Fireman Delivering: \_\_\_\_\_

Date Delivered: \_\_\_\_\_

Loads of water: \_\_\_\_\_

(1 load of water equals 2900 gallons)

DPW Notified by Fire Dept: (607/478-8452): \_\_\_\_\_