

507 W. Strong St., PO Box 667 Tolono, IL 61880

> Phone: (217)485-5212 Fax: (217) 485-5117 Email: Info@TolonoIL.US

Phone Number:

Pool Meter Permit Application

Name:

Address:	Email Address:
Water Account Number:	Paid by: Cash / Check # / Charge
	Receipt Number:
	☐ Receipt Copied for Charge
I hereby request a permit as follows:	
Pool Meter rental is for 48	Hours from the time of pickup.
If the pool meter is returned later than the to pay the \$10 fee for every 48 hours.	due date listed below, the sewer credit will be used
The \$10 fee is due at the time	ne this application is submitted.
Meter is to be returned:	
	Dated this day of
	Customer Signature
Meter # Assigned:	Meter Reading:
Date Returned:	Final Meter Reading:
Gallons Used:	Sewer Adjustment: \$
Entered in LOCIS: Date:	Done By:

Missed Deadline:		
First Offense Date:	Notes:	
	(Deduct Sewer Credit \$10 / Customer Paid \$10)	
	Receipt Number:	
	Paid by: Cash / Check #/ Cl	harge
	☐ Receipt Copied for C	harge
	Notes:	
	(Deduct Sewer Credit \$10 / Customer Paid \$10)	
	Receipt Number:	
	Paid by: Cash / Check #/ Cl	harge
	☐ Receipt Copied for C	harge
	Notes:	
	(Deduct Sewer Credit \$10 / Customer Paid \$10)	
	Receipt Number:	
	Paid by: Cash / Check #/ Cl	harge
	☐ Receipt Copied for C	harge
	Notes:	
	(Deduct Sewer Credit \$10 / Customer Paid \$10)	
	Receipt Number:	
	Paid by: Cash / Check #/ Cl	harge
	☐ Receipt Copied for C	harge