

City of D'Iberville
10383 AutoMall Parkway
P O Box 6519
D'Iberville MS 39540

Water Department Phone: (228) 392-2310

Request for Prior Approval to Fill Swimming Pool

Date: _____
Name: _____
Address: _____
Account #: _____
Telephone Number: _____
Approximate size of pool: _____
Approximate # of gallons: _____
Anticipated Date of Pool Fill: _____

I am requesting prior approval to fill my swimming pool.

SIGNATURE: _____ DATE: _____

Dated Pool Fill Completed: _____