



City of Collinsville
125 S. Center St
Collinsville, IL 62234
618-346-5200

Pool Adjustment Form

SERVICE ADDRESS

Street Address: _____

DATE OF APPLICATION

APPLICANT

First Name: _____ Middle Initial: _____

Last Name: _____

Email: _____

Water Account #: _____

Date Filled: _____

Beginning Meter Reading: _____

Date End: _____

Ending Meter Reading: _____

Email form by clicking Submit Application button above
or
print form and submit to:

City of Collinsville
Attn: April Calandro
125 S. Center St
Collinsville, IL 62234

Questions?

Contact April Calandro
Phone: 618-346-5200 x1117
Email: acalandro@collinsvilleil.org