



City of Osakis

14 Nokomis Street East
PO Box 486
Osakis, Minnesota 56360
Phone #320-859-2150
Fax #320-859-3978

E-mail - cityhall@cityofosakis.com

POOL FILL REQUEST FORM

Date: _____

Name of Individual (s): _____

Address: _____

(Must be in Osakis Fire District)

Phone Number: _____

(Fire Chief will call to Make Arrangements)

In Town Fill: _____

FEE: \$25

+ PLUS: _____ number of gallons X .05 cents = _____

+ PLUS: Total Gallons times 7.375%=TAX _____

Total In Town Pool Fill Cost: \$ _____

(Total for all Highlighted Boxes)

Out of Town Fill: _____

FEE: \$50

+ PLUS: _____ number of gallons X .05 cents = _____

+ PLUS: Total Gallons times 7.375%=TAX _____

Total Out of Town Pool Fill Cost: \$ _____

(Total for all Highlighted Boxes)

www.cityofosakis.com

"A Friendly Place to Play and Stay"

This institution is an equal opportunity provider and employer.