



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 you to Make Arrangements)

_____ Number of gallons X Bulk Water Rate (\$.05) = _____

+ PLUS TAX: (7.375%) = _____

+ PLUS IN TOWN FEE (\$25.00) = _____

OR

+ PLUS OUT OF TOWN FEE (\$50.00) = _____

Total Pool Fill Cost: \$ _____

www.cityofosakis.com

"A Friendly Place to Play and Stay"

This institution is an equal opportunity provider and employer.