

# SWIMMING POOL FEE REDUCTION APPLICATION

Fee Reductions apply ONLY to Arlington County Residents

Name of Applicant: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Arlington, VA Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Three most recent pay stubs attached

\_\_\_\_\_  
I certify that all the information on this application is true and correct, and that I am a resident of Arlington County, Virginia.