

**SOUTHWEST LICKING COMMUNITY WATER & SEWER DISTRICT**

P.O.Box 215 Etna, Ohio 43018  
69 Zellers Lane Pataskala, Ohio 43062  
Phone (740)927-0410 Fax (740)927-4700

**WAIVER OF RIGHT TO NOTICE AND HEARING**

I, \_\_\_\_\_, doing business as (DBA) \_\_\_\_\_,  
in consideration of the issuance to me of the Contractor's License by the Southwest Licking  
Community Water and Sewer District, hereby acknowledge that I have received a copy of the  
District's Manual for Water and Sanitary Sewer Installation. I further acknowledge that I have read  
and understand this Manual, and understand that any failure to pay sums of money owed to the  
District may result in the suspension or revocation of my Contractor's License, without notice or  
hearing. I further understand and agree that if such License is suspended or revoked, I will not be  
entitled to a refund of any portion of the License Fee which I have paid to the District.

**CONTRACTOR:**

**BY:** \_\_\_\_\_

(Authorized Representative – Print Name)

**DATE:** \_\_\_\_\_

\_\_\_\_\_

(Authorized Representative – Signature)

**DBA:** \_\_\_\_\_