

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

DIRECT BILLING AGREEMENT

Owner: _____ Tenant: _____

Service Address: _____ Account #: _____

The undersigned agree that water and/or sewer bills for the above service address are to be mailed directly to the above tenant for payment. This agreement is subject to Southwest Licking Community Water and Sewer District Regulations regarding the provision of water and sewer service by the Division of Water and the Division of Sewer.

We understand that water and/or sewer service is granted solely on the basis of personal information submitted as part of this agreement and we do certify that all such information is correct. We agree that this application for service, when accepted by the Southwest Licking Community Water and Sewer District, shall form a binding agreement governing the terms of all water and sewer services rendered to us by the District. This agreement goes into effect on the date it is received by the District. If applicable the tenant will be billed from a previous meter reading unless the following information is provided:

Date to begin billing tenant: _____

Inside meter reading on above date: _____

I understand and agree that tenants of premises covered by this agreement are to be authorized to receive water and/or sewer bills as agents for me. I agree to comply with property owner responsibilities as described in the Southwest Licking Community Water and Sewer District Regulations in accordance therewith, or as such Regulations may be amended from time to time. I understand that the District will notify me by mail of any delinquencies and/or turn-off notices regarding the above account. I further understand and agree that if said undersigned tenant fails to make prompt payment, I am responsible for the payment thereof upon being so notified by the District, and I will be subject to all applicable penalties, interest, and assessments against my property if the payments remain unpaid.

Property Owner's Name (Please Print)

Mailing Address

Property Owner's Signature

Telephone Number

Duplicate Bill Copy Requested Y / N
(Unless a Duplicate Bill Copy is requested, property owner will only receive a Duplicate Delinquent Notice.)

I understand and agree to prompt payment of any and all water and/or sewer bills for the above service address that are mailed directly to me for payment during the period I am leasing the premises covered by this agreement.

Tenant's Name (Please Print)

Mailing Address

Tenant's Signature

Telephone Number