

SOUTHWEST LICKING COMMUNITY WATER & SEWER DISTRICT
APPLICATION FOR FINAL READ / TRANSFER OF ACCOUNT

Account Number: _____ Date of District Notification: _____
Requested Effective Date: _____ Move In / Move Out Date: _____
Person Making Request: _____ Account Balance: _____

Current Account Information:

Customer Name: _____
Service Address: _____
Current Mailing Address: _____
Home Telephone Number: _____ Work Telephone Number: _____
Final Mailing Address: _____

FINAL READ: _____ AND / OR TERMINATION OF SERVICE: _____ SERVICE ADDRESS: _____
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Credit Card Information: Visa _____ MC _____ Exp. Date _____ Account #: _____
Alternate Contact: Name: _____ Telephone Number: _____
Address: _____

To Be Completed by Inspector:

Inspector Name: _____
Date of Inspection: _____ Time of Inspection: _____
MIU #: _____ Final Read: _____
Remote Location: _____
Is Meter / Remote sealed? _____ If no, why? _____
Is Meter / Remote replacement necessary? _____ If yes, why? _____
Can curb box be keyed? _____ If no, why? _____
Are downspouts tied into drain tile? _____ Is sump pump connected to sewer? _____

<u>FOR OFFICE USE ONLY</u>	
New Account Name: _____	New Account Number: _____
Entered By: _____	Date: _____