

*SOUTHWEST LICKING COMMUNITY WATER & SEWER DISTRICT*

**APPLICATION FOR RESIDENTIAL WATER AND/OR SANITARY SEWER SERVICE**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of Service: Water \_\_\_\_\_ AND / OR Sanitary Sewer \_\_\_\_\_

Ownership: Own \_\_\_\_\_ Rent \_\_\_\_\_

If Owner: Will this address be your primary residence: Yes \_\_\_\_\_ No \_\_\_\_\_

If Renter: Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Telephone Number: \_\_\_\_\_

Tenant's Agreement: Yes \_\_\_\_\_ No \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_

Customer Status: Current \_\_\_\_\_ Previous \_\_\_\_\_ New \_\_\_\_\_

Billing Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer / Work Telephone Number: \_\_\_\_\_

By signing below, I hereby agree to abide by the Rules and Regulations of the Southwest Licking Community Water and Sewer District as effective today and as amended by the Board of Trustees in the future. I agree to pay such service charges and fees as billed by the District in a timely manner and will be liable for any such amounts due for the service address listed above until such time as I notify the District to suspend / terminate such water and / or sanitary sewer services.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_