

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

APPLICATION FOR LONG TERM BULK WATER PROGRAM

(more than 3 business days)

Company Name: _____

Billing Address: _____

City: _____ State, ZipCode: _____

Telephone Number: _____ Contact Person: _____

Purpose: _____

Anticipated Duration: _____

I hereby certify that I have received a hydrant meter and backflow prevention device from the Southwest Licking Community Water and Sewer District. I understand that any tampering with the meter or meter head or misuse of the hydrant meter is considered theft of water and will be subject to penalties as described in the District Rules and Regulations. I will immediately report any problems with this meter to the District.

Signature: _____ Date: _____

Name: _____

*****(To be completed by SWLCWSD)

| | |
|----------------------------------|--|
| Date Out: _____ | Meter Serial Number: _____ |
| Meter Reading Out: _____ | Meter Size: _____ |
| SWLCWSD Employee/Sign Out: _____ | Deposit: _____ Cash _____ Check _____ Credit Card _____ |

| | |
|---------------------------------|-------------------------|
| Date In: _____ | Meter Reading In: _____ |
| Meter Condition: _____ | |
| SWLCWSD Employee/Sign In: _____ | |

| | |
|-------------------------------------|---------------------------------------|
| Total Period Used: _____ | Total Consumption: _____ |
| Account Balance Paid In Full: _____ | Deposit Returned / Date Mailed: _____ |
| | Check #: _____ |

CONSUMPTION LOG ON REVERSE

INVOICE

Date:

Description of Service Rendered: **BULK WATER - SHORT TERM** _____

LONG TERM _____

Meter #: _____

Beginning Read Date: _____

Meter Reading: _____

Current Read Date: _____

Meter Reading: _____

CONSUMPTION: _____

WATER RATE: \$ _____ / 1000 gallons

TOTAL DUE: \$ _____

Balance Due: _____

Date Due: _____

Please remit to: Southwest Licking Community Water & Sewer District (SWLCWSD)

P.O.Box 215

Etna, Ohio 43018

or make payment in person at: 69 Zellers Lane, Pataskala, Ohio

Meter #: _____

Amount Paid: _____