

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 SHORT TERM BULK WATER PROGRAM

(1 - 3 business days)

Company Name: _____

Billing Address: _____

City: _____ State, ZipCode: _____

Telephone Number: _____ Contact Person: _____

Purpose: _____

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 Days Used: _____	Total Consumption: _____
Water Billing Rate: \$ _____ / 1000 Gallons	Total Due: _____
Payment Received: _____ Cash _____ Check _____ Credit Card _____	Deposit Returned / Date Mailed: _____ Check #: _____

SOUTHWEST LICKING COMMUNITY WATER & SEWER DISTRICT

P.O.Box 215 Etna, Ohio 43018

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: _____
