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:	
I hereby certify that I have received a hydrant meter from the District. I understand that any tampering with the meter or m theft of water and will be subject to penalties as described in t report any problems with this meter to the District.	eter head or misuse of the hydrant meter is considered
Signature:	Date:
Name:	

Date Out:	Meter Serial Number:
Meter Reading Out:	Meter Size:
SWLCWSD Employee/Sign Out:	Deposit: Cash 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

NOTE: METER IS TO BE RETURNED TO SWLCWSD OFFICE <u>MONTHLY</u> FOR CONSUMPTION TRACKING PURPOSES.

YOU WILL BE INVOICED MONTHLY FOR YOUR WATER CONSUMPTION BASED ON THE READINGS LOGGED BELOW. PAYMENT IS DUE WITHIN 15 DAYS OF RECEIPT OF INVOICE.

DATE	PREVIOUS READ	CURRENT READ	CONSUMPTION	WATER RATE	TOTAL DUE

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			INVOIC Date:
Mailing Label Here			
Description of Service Rendered:	BULK WATER -	SHORT TERM _	
Meter #:		-	
Beginning Read Date:			
Meter Reading:			
Current Read Date:			
Meter Reading:			
CONSUMPTION:			
WATER RATE:	\$ / 1000) gallons	
TOTAL DUE:	\$		
	Bala Da	nce Due: ate Due:	
Please remit to: Southwest Licking C P.O.Box 215 Etna, Ohio 43018 or make payment in person at: 69 Ze		District (SWLCW)	SD)
Meter #:			

Mailing Label Here

Amount Paid: _____