## 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 from the District. I understand that any tampering with the meter or theft of water and will be subject to penalties as described i report any problems with this meter to the District.	meter 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:         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 #:

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## **INVOICE** Date:

Description of Service Rendered:	BULK WATER -	LONG TERM
Meter #:		
Beginning Read Date:		
Meter Reading:		
Current Read Date:	-	
Meter Reading:		
CONSUMPTION:		
WATER RATE:	\$ / 1000	gallons
TOTAL DUE:	\$	
		ice Due:
Please remit to: Southwest Licking C P.O.Box 215	ommunity Water & Sewer D	District (SWLCWSD)
Etna, Ohio 43018	llows I ama Datashala Obia	
or make payment in person at: 69 Ze		