

Southwest Licking Community Water and Sewer District

APPLICATION FOR SERVICE

Account #: _____

Date to Begin Service: _____

First Name: _____ Middle: _____ Last Name: _____

Service Address: _____

Mailing Address: _____
(if different than service address)

Property Owner: _____

Tenant: _____

Proof of Ownership: _____

DBA: _____

Type of Service: Water: _____

and / or Sanitary Sewer: _____

Customer Status: Previous: _____

Current: _____

New: _____

Status of Current / Previous Account Verified:

Account #: _____

Account Balance*: \$ _____

*Note: _____
*Balance Due MUST BE PAID IN FULL prior to approval of new account for service.

By signing below, I hereby agree to the following:

- to abide by the Rules and Regulations of the Southwest Licking Community Water & Sewer District as effective today and as amended by the Board of Trustees in the future
- to pay such service charges and fees as billed by the District in a timely manner and be liable for any such amounts due for the service address listed above
- to provide the District 48 hours advance notice when I wish to terminate service

PROPERTY OWNER / TENANT (circle one)

Print Name

Telephone #

Signature

Date

Work Order #: _____

Circle:	Final - ON	Final - OFF	DBA
	Turn On	VSO	-
	Leave On	Leave Off	DH

Meter Read: _____

Entered By: _____