

**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 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: \_\_\_\_\_

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(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 #: \_\_\_\_\_



