

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 SWIMMING POOL FILLING PROGRAM

Customer Name:	_____	Pool Size:	_____
Service Address:	_____	L X W:	_____ X _____
Billing Address:	_____	Depth:	_____
City:	_____	State:	_____
Telephone Number:	_____	Zip Code:	_____
Account Number:	_____	Is Account Current?	_____
		Yes	No

I hereby certify that I have received a swimming pool filling meter from the Southwest Licking Community Water and Sewer District for the purpose of filling my residential swimming pool. 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: _____
Print Name: _____ Date: _____

(To be completed by SWLCWSD)

Meter Serial Number:	_____	Date Out:	_____
Meter Size:	_____	Date Due:	_____
Meter Reading Out:	_____		
SWLCWSD Employee/Sign Out:	_____		

Meter Reading In:	_____	Date In:	_____
Meter Condition:	_____		
SWLCWSD Employee/Sign In:	_____		

Total Days Used:	_____	Sewer Billing Rate:	\$ _____ / 1,000 Gallons
Total Consumption	_____	Total Adjustment	\$ _____

Note: 1) The District has a limited number of pool fill meters available and demand for them is high, especially during peak season. **Your adjustment will be reduced \$10.00 for late return of the meter. Your account will be billed for the replacement cost of the meter if not returned within thirty (30) days.** **2)** Your account will be billed for the replacement cost of the meter if it is found to be damaged upon return.