

SOD WATERING PROGRAM

Pataskala Division of Utilities
621 W. Broad St.
Pataskala, Ohio 43062
740-964-6275

PLEASE ENROLL ME IN YOUR SOD/NEW LAWN WATERING PROGRAM

NAME _____
SERVICE _____
ADDRESS _____
MAILING _____
ADDRESS _____
CONTACT PHONE # _____
DATE BEGIN WATERING _____ DATE END _____

I understand the sewer discount program will not go into effect until this completed and signed form is received in the Pataskala Division of Utilities office. You may deliver the form in person at 621 W. Broad St., or mail to PO Box 1400 Pataskala, Ohio 43062. There is also a drop box located at our Broad St. entrance for your convenience. Any further questions please call our billing office at 740-964-6275.

SIGNATURE _____

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OFFICE USE ONLY

DATE RECEIVED _____ BY _____
LAWN MEASUREMENT _____
MAXIMUM MONTHLY CREDIT _____ GALLONS

ACCOUNT NUMBER _____
BILLING MONTH _____ READING DATE _____ TO _____ READ _____
USAGE _____ USAGE OVER 3,000 GAL _____ SEWER CREDIT _____

BILLING MONTH _____ READING DATE _____ TO _____ READ _____
USAGE _____ USAGE OVER 3,000 GAL _____ SEWER CREDIT _____

BILLING MONTH _____ READING DATE _____ TO _____ READ _____
USAGE _____ USAGE OVER 3,000 GAL _____ SEWER CREDIT _____