



TO BE COMPLETED BY CUSTOMER:

Date _____

Company Name _____

Responsible Party Name _____

Responsible Party Phone Number _____

Billing Address _____

Billing Contact Phone Number _____

Location of hydrant _____

TO BE COMPLETED BY THE DISTRICT:

Meter # _____ Water Type _____ County _____

Ending Reading _____ Date _____

Beginning Reading _____ Date _____

Charges \$ _____ For _____ Gallons used

+ \$ _____ LHWD employee time

+ \$ _____ Charges for _____

Total \$ _____

Deposit Pd. \$(_____) Check# _____ Date _____

Total Due \$ _____ or Refund Due \$ _____