



TO BE COMPLETED BY CUSTOMER:

Date _____

Name of user _____

Billing Address of user _____

Daytime telephone number of user _____

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 \$ _____