



CITY OF PATASKALA UTILITY DEPARTMENT

430 S. Main Street
Pataskala, Ohio 43062
740-927-5249

SOD WATERING PROGRAM

Name on Account _____ Phone Number _____

Service Address _____ Mailing Address _____

Date Watering Began _____ Date Watering Ended _____

I understand the sewer discount program will not go into effect until this completed and signed form is received in the Pataskala Utility Department office. You may mail the form to 430 S. Main Street or deliver in person, between the hours of 8:00am to 4:00pm. You may also use the overnight drop box located at our office entrance. If you have any further questions, please call 740-927-5249.

Signature _____ Date submitted _____

OFFICE USE ONLY

Date Received _____ By _____

Account Number _____

Reading Date From _____ To _____ Usage _____

Usage For Credit _____ Sewer _____ SCIP _____ Credit _____

Reading Date From _____ To _____ Usage _____

Usage For Credit _____ Sewer _____ SCIP _____ Credit _____

Reading Date From _____ To _____ Usage _____

Usage For Credit _____ Sewer _____ SCIP _____ Credit _____