

Coshocton Water Department
1100 Walnut St
Coshocton, OH 43812

740-622-2626
740-623-5927-Fax



Mark Mills
Mayor

David A. Kadri
Utilities Director

APPLICATION FOR BULK WATER SERVICE

PICTURE ID REQUIRED OF ALL APPLICANTS

Coshocton, Ohio _____, 20____ Code # _____

I hereby make application for Bulk Water Service. I agree to pay for bulk water services at the effective rate issued by the Coshocton Water Department. I understand that bills for bulk water usage will be sent to my billing address and that prompt payment is expected. Users are subject to all rules and regulations within the water department including penalty fees on delinquent bills. Failure to stay current may result in account termination.

Applicant Signature: _____

Print
Name: _____

Billing Address: _____

Phone: _____

Witness/Notary: _____

The Water Office of the City of Coshocton uses this application to assign an account code for bulk water services. This form must be completed and approved by the Director before a code will be issued. Prior to first time code use, we will contact you to arrange a meeting time at the bulk water station to provide one on one instruction on how to operate the bulk water machine using your new code.

DIRECTOR

DATE APPROVED