



LOGAN COUNTY WATER POLLUTION
CONTROL DISTRICT
PO BOX 1550
RUSSELLS POINT, OH 43345-1550

ACCOUNT NUMBER	Your Account Number	
SERVICE ADDRESS	Your Service Address	
AMOUNT DUE BY DUE DATE	05/15/2015	\$72.00
AMOUNT DUE IF PAID AFTER	05/15/2015	\$75.60



Your Name
Your Mailing Address



OFFICE HOURS
MONDAY - FRIDAY 8:00 A.M. - 4:00 P.M.
CLOSED DAILY NOON - 1:00 P.M.



Welcome to the new billing format for your sanitary sewer billing statement. We have enclosed for your convenience a return envelope.

Payments may also be made with a credit card at our website:

www.co.logan.oh.us/628/

Web Payments

or at the office.

Please watch for notices in this window in the future.

SERVICE TYPE	AMOUNT
ARREARS	36.00
SANITARY SEWER	36.00
EXAMPLE	

AMT DUE IF PAID BY DUE DATE



TOTAL DUE
\$72.00

TO ENSURE PROPER CREDIT, DETACH BOTTOM PORTION AND RETURN IN THE ENCLOSED ENVELOPE

PLEASE DO NOT FOLD, WRITE OR STAPLE THIS
PAYMENT REMITTANCE STUB

AMOUNT DUE BY DUE DATE	05/15/2015	\$72.00
AMOUNT DUE IF PAID AFTER	05/15/2015	\$75.60

ACCOUNT NUMBER	Your Account Number
SERVICE ADDRESS	Your Street Address
CUSTOMER NAME	Your name

PLEASE MAKE CHECKS PAYABLE TO:

LOGAN COUNTY TREASURER
PO BOX 1550
RUSSELLS POINT OH 43348-1550



OCR GOES HERE

Payment Methods - (FAILURE TO RECEIVE BILL DOES NOT WAIVE PAST DUE PENALTY)

MAIL IN: Logan County WPC, PO Box 1550, Russells Point, OH 43348-1550

IN PERSON: At the District Office at 8100 State Route 708 South, Russells Point, from 8:00 A.M. to 4:00 P.M. Monday thru Friday Closed Noon to 1:00 P.M. Pay by cash, check, money order or credit card (MasterCard or Discover Card). Credit card must be in the name of the person presenting it to be accepted and provide proper photo Identification.

DROP OFF: In the depository box located prior to the drive-thru window at the District office. Pay by check or money order only. Use an envelope and enclose billing coupon for proper credit.

AUTODRAFT: Sign up to have your bill automatically deducted from your checking or savings account. Contact our office and we will be pleased to send you the enrollment form.

Please Note: When providing a check as payment, you authorize us either to use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction. For Inquiries please call (937) 843-3328

For After Hour Emergencies Call (937) 592-5731

DELINQUENT ACCOUNTS

Sanitary Sewer Billing Statements are mailed no later than the 3rd of each month and due by the 18th of each month. To avoid a 10% late fee, payments must be received by the 18th.

ALL PAST DUE ACCOUNTS ARE SUBJECT TO SHUTOFF

Please note that any outstanding charges not paid by AUGUST 25th of the current billing year will be certified as delinquent per Ohio Revised Code 6117.02, to be placed on the Real Property Tax Duplicate.

CHANGE OF MAILING ADDRESS*

Email Address

* Change of Address is only for deed holder. Please note that changing the billing address to a renter or land contract "owner" requires a "Land Owner/Tenant Agreement" form available in our office.