

# APPLICATION FOR NEW WATER AND SEWER SERVICES

Today's Date \_\_\_\_\_

Subject to the rules and regulations of the Utility Billing Office of the City of Defiance, Ohio and all ordinances and laws pertaining thereto, now in force or which shall later become in force, the undersigned hereby makes application for water and sewer services to be turned on for use at premises known as:

Service Address \_\_\_\_\_

And hereby agrees to become responsible for and to make prompt payment of all water and sewer charges and fees connected therewith.

### Account Billing Information: *Please Print*

- Tenant
- Owner

Name \_\_\_\_\_  
Mailing Address (If Different than Service) \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Daytime Telephone \_\_\_\_\_  
Please list anyone over the age of 18 who will be living in the residence:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had water service with the City of Defiance?    Yes    No  
If yes please list the addresses:

\_\_\_\_\_

### Landlord Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

Service Deposit (\$200.00)? Yes No

\*Service deposit will be refunded when final bill is paid in full and request for deposit refund is completed.

Please print name if deposit was paid by agency on behalf of applicant. \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_