



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 Number: _____ - _____ - _____

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 _____

City, State, Zip _____

Phone Number (_____) _____ - _____

Service Deposit (\$200.00)? Yes No

NOTE: Service deposit will be refunded when final bill is paid in full and the request for a deposit refund is completed.

Please print name if deposit was paid by someone other than applicant. _____

Applicant Signature _____ **Date** _____