

VILLAGE OF OBETZ UTILITIES DEPARTMENT

4175 ALUM CREEK DRIVE OBETZ, OHIO 43207 614.491.7804 FAX 614.491.7507

ATTACHED 1) PHOTO ID (S)
2) SUPP DOCS
BY DATE

## **RESIDENTIAL APPLICATION FOR UTILITY SERVICE**

[COMPLETE ALL APPLICABLE SECTIONS IN FULL, SIGN, DATE, AND SUBMIT]

(1) APPLICANT INFORMATION
TYPE OF RESIDENCE: HOUSE APARTMENT MOBILE HOME CONDO OTHER
APPLICANT'S NAME:
PHOTO ID: APPLICANT TYPE:STATE:NUMBER:
PROPERTY ADDRESS:
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):
CONTACT : HOME: () MOBILE: () E-MAIL:
(2) PROPERTY OWNER INFORMATION
PROPERTY OWNER:
PROPERTY OWNER MAILING ADDRESS:
PHONE: HOME: () MOBILE: () E-MAIL:
(3) LEASE AGREEMENT (TENANT) INFORMATION
DATE LEASE STARTS: DATE LEASE ENDS:
APPLICANT AGREEMENT: I AGREE TO BE FULLY RESPONSIBLE FOR ALL UTILITY CHARGES ASSESSED TO ME AT THE ABOVE NOTED PROPERTY. I AGREE TO PROMPTLY PAY FOR UTILITY SERVICES RECEIVED ACCORDING TO THE SCHEDULE OF UTILITY RATES IMPLEMENTED BY THE VILLAGE OF OBETZ COUNCIL. I AGREE TO COMPLY WITH ALL CURRENT AND FUTURE FEDERAL AND STATE LAWS, VILLAGE OF OBETZ ORDINANCES AND REGULATIONS, AND VILLAGE OF OBETZ WATER, SEWAGE, AND REFUSE SERVICE PROCEDURES AND GUIDELINES.
APPLICANT UNDERSTANDS THAT THE ACCOUNT SECURITY DEPOSIT COLLECTED TO OPEN A NEW ACCOUNT WILL BE REFUNDED ONLY TO THE APPLICANT NAMED ABOVE AND ONLY AFTER THE ACCOUNT IS CLOSED AND ALL ACCOUNT CHARGES HAVE BEEN SATISFIED.
<u>X</u> DATE:
FOR INTERNAL USE ONLY:
ACCOUNT#: DEPOSIT: RECEIPT #: DATE: