



**CITY OF OBETZ UTILITIES DEPARTMENT**

4175 ALUM CREEK DRIVE

OBETZ, OHIO 43207

614.491.1080 FAX 614.491.7507

## WATER/SEWER/REFUSE TENANT BILLING AGREEMENT

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

### TENANT INFORMATION

APPLICANT'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PHOTO ID: APPLICANT TYPE: \_\_\_\_\_ STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

CONTACT: HOME: (\_\_\_\_) \_\_\_\_\_ MOBILE: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### PROPERTY OWNER INFORMATION

OWNER'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OWNER'S MAILING ADDRESS: \_\_\_\_\_

CONTACT: HOME: (\_\_\_\_) \_\_\_\_\_ MOBILE: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### LEASE AGREEMENT (TENANT) INFORMATION

DATE LEASE STARTS: \_\_\_\_\_ DATE LEASE ENDS: \_\_\_\_\_

**PROPERTY OWNER AGREEMENT:** I UNDERSTAND AND AGREE THE TENANTS RESIDING AT THE SERVICE ADDRESS COVERED BY THIS AGREEMENT ARE TO BE AUTHORIZED TO RECEIVE WATER/SEWER/REFUSE BILLS AS AGENTS FOR ME. I UNDERSTAND THAT THIS AGREEMENT DOES NOT RELIEVE ME OF PROPERTY OWNER LIABILITY AND I AM RESPONSIBLE FOR ALL UNPAID WATER, SEWER, AND REFUSE CHARGES ACCRUED BY THE TENANT.

THE UNDERSIGNED AGREE THAT WATER/SEWER/REFUSE BILLS FOR THE ABOVE SERVICE ADDRESS ARE TO BE MAILED DIRECTLY TO THE TENANT FOR PAYMENT. THIS AGREEMENT IS SUBJECT TO THE CITY OF OBETZ ORDINANCES AND REGULATIONS REGARDING THE PROVISION OF WATER, SEWER, AND REFUSE SERVICES. I AGREE TO COMPLY WITH ALL CURRENT AND FUTURE CITY OF OBETZ ORDINANCES AND REGULATIONS.

X \_\_\_\_\_ DATE: \_\_\_\_\_

**TENANT AGREEMENT:** I UNDERSTAND AND AGREE TO PROMPT PAYMENT OF ANY AND ALL WATER/SEWER/REFUSE CHARGES ACCRUED AT THE SERVICE ADDRESS DURING THE PERIOD I AM LEASING THE PROPERTY COVERED BY THIS TENANT DIRECT BILLING AGREEMENT.

TENANT UNDERSTANDS THAT THE ACCOUNT SECURITY DEPOSIT COLLECTED TO OPEN AN ACCOUNT WILL BE REFUNDED ONLY TO THE TENANT NAMED ABOVE AND ONLY AFTER THE ACCOUNT IS CLOSED AND ALL ACCOUNT CHARGES HAVE BEEN SATISFIED.

X \_\_\_\_\_ DATE: \_\_\_\_\_