

ACCOUNT # _____ DATE: _____

Consumer's Application for Water, Sewer, and Sanitation

In consideration of the City of New Philadelphia, Ohio, furnishing Water, Sewer, and Sanitation service at (Street Address) _____ and in accordance with the Rules and Regulations of the Water, Sewer, and Sanitation Departments of the City of New Philadelphia, Ohio, the undersigned agrees to pay in full at the office of the City Water and Sewer Department for all Water, Sewer, and Sanitation Services furnished at the premises mentioned herein as soon as such payments become due, and until written notice is given by me to the Water, Sewer, and Sanitation Department to discontinue such service.

FAILURE TO TIMELY PAY THIS ACCOUNT WILL RESULT IN SERVICES BEING CUT OFF PURSUANT TO NEW PHILADELPHIA WATER SHUT OFF POLICY

PRINT – Business Name: _____ Phone: _____

PRINT – Owner Name: _____ Phone: _____

Owner Name (2): _____ Phone: _____

Billing Address: _____

Signature: _____ Email: _____

Owner Occupied

Rental

Flip

Business (Own)

Name Change

Business (Lease)