

Account No. _____
(For Water Office use only)

City of Chillicothe Utilities Department
35 S Paint Street, Suite A
Chillicothe OH 45601
Phone 740.773.2191 - Fax 740.773.2192

(FORM UD-1) OWNER APPLICATION FOR SERVICE

This agreement is subject to the City of Chillicothe By-Laws and Regulations and/or Codified Ordinances of the City of Chillicothe regarding the provision of water/sewer service as authorized by Section 743.01 et seq. of the Ohio Revised Code.

I understand that water/sewer service is granted solely on the basis of personal information submitted as part of this agreement and I do certify that such information is correct. I agree that this application for service, when accepted by the City of Chillicothe, shall form a binding agreement governing the terms of all water/sewer/garbage/recycling service rendered to me by the City of Chillicothe.

As owner of said property, I make application for water/sewer/garbage/recycling (if applicable) at:

Address Service Start Date

I agree to pay for this service at such rate, time and place as shall be determined by the City until the Utilities Department is notified of any change in occupants or ownership. I agree to pay penalties for non-compliance with the above as set out in the current By-Laws and Regulations and/or Codified Ordinances of the City of Chillicothe. In the event that the property is rented, leased or sold, I agree to notify the Chillicothe Utilities Department of such change and agree to be responsible for all water/sewer/garbage/recycling usage and or billings and losses of any nature incurred by the Department until such notification and transfer is completed.

Photo ID is required.

STANDING ORDER TO PUT IN OWNER'S NAME

By checking the above box, this constitutes that the water service for this residence will automatically be switched into the owner's name whenever a tenant VOLUNTARILY terminates service. If the service is shut off for non-payment of the bill, it will not be turned back on until we receive owner approval.

Printed Owner Name (First, Middle, Last)

Printed Joint Owner Name (First, Middle, Last)

Mailing Address (if different from service address)

Mailing Address (if different from service address)

City, State, Zip

City, State, Zip

Phone Number

Phone Number

Owner Signature

Joint Owner Signature

Date

Date

Main valve inside is off. _____
initials