

APPLICATION FOR WATER/SEWER SERVICE

PLEASE PRINT CLEARLY

Today's Date: _____ Date lease/ownership began: _____

Customer's Name: _____
(LAST) (FIRST) (MIDDLE)

Service Address: _____

Billing/Mailing Address (if different): _____

Phone: _____ Email: _____

Social Security Number: _____ Driver's License Number: _____

Do you own this home/property? Yes _____ No _____

If no, submit a \$100.00 deposit with this application and list the name and phone number of the landlord:

Employer's Name, Address & Phone Number: _____

Number of Occupants: _____ How many occupants 18 years and older? _____

Names of Other Occupants over 18 years of age: _____

Phone: _____ Social Security Number(s) _____

Previous Address: _____

Have you ever had water/sewer services in your name in the Village of Minerva? _____

Do you have any specific instructions for the Meter Reader (dogs, preferred door, etc.) _____

Signature: _____

FOR OFFICE USE ONLY:

Account Number: _____ Deposit Amount: _____

Deposit Number: _____ Clerk Signature: _____

RETURN TO: WATER AND SEWER DEPT. 209 NORTH MARKET ST. MINERVA, OH 44657