



Village of Fredericktown

2 East Sandusky Street
Fredericktown, Ohio 43019
(740) 694-9010 • Fax (740) 694-9032

APPLICATION FOR WATER/SEWER SERVICE

Account # _____

Name: _____ LAST 4 DIGITS SS#: _____

Date of Birth: _____ Today's Date: _____

I hereby make application to the Village of Fredericktown with proper identification (photo I.D.) for water/sewer services to be supplied to:

Address: _____

Daytime Phone # _____ Evening Phone # _____

occupied by me as a residence or business and agree to pay for the same promptly at the rates and according to the rules of said utility.

It is understood that a minimum monthly charge will be made where the water/sewer remains connected to lines whether or not there is any usage. I also agree to be responsible for water/sewer services to the above premises until notice to discontinue the supply has been given to the utility clerk's office at the municipal building.

I further agree that the Village of Fredericktown shall have free access to any metering device at all reasonable hours and may remove same for any purpose. Upon failure to comply with any of the rules of said utility, or for any indebtedness whatsoever, the Village of Fredericktown may in addition disconnect the service. I further agree to protect the meter from damage and to provide easy access. I also agree to follow all rules and regulations of the Village of Fredericktown's water and wastewater department.

Print Name _____ Date: _____

Signature _____

Produced as Proper Identification: _____



Names:

_____-_____-_____
Primary Social Security Number First Name Middle Last Name

_____-_____-_____
Spouse's Social Security Number First Name Middle Last Name

Primary date of birth: ____/____/____ Spouse's date of birth: ____/____/____

Registration for the city or village of: _____

Current Residence Address Information:

Street No. Street Name Apt. /Suite # PO Box

City / Village State Zip Code

Date you moved to this address: ____/____/____ Contact Phone No. (____) ____-____

Do you own or rent your home? (Please check ✓ one) Own Rent

If renting please give the Landlord's name, address and phone number _____

Previous Residence Address Information:

Street No. Street Name Apt. /Suite # City / Village State Zip Code

Date you moved to this address: ____/____/____

Employment Information: (Check Yes or No, if retired please include date of retirement)

Are you employed? Yes No Is your spouse employed? Yes No

Are you retired and/or have no taxable income? Yes No If Yes, date you retired: ____/____/____

Is your spouse retired and/or have no taxable income? Yes No If Yes, date your spouse retired: ____/____/____

Do you have income reported on Federal Schedules C, E or F? Yes No

Does your spouse have income reported on Federal Schedules C, E or F? Yes No

Do you and/or your spouse own rental property? Yes No (Please list tenant's name, address and date you began renting property. If you have multiple properties, please supply additional information on back or a separate sheet of paper.)

Tenant's First, Last Name and address: _____

Date: ____/____/____