

# Village of Fredericktown

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

## Village of Fredericktown - Water and Wastewater

### Direct Billing Agreement

Service Address: \_\_\_\_\_ Date: \_\_\_\_\_

- This form must be **signed** and **returned** to the Fredericktown Water Office prior to the receipt of water services.

This agreement is subject to Village of Fredericktown rules and regulations regarding the provision of water and wastewater service by the Water and Wastewater Department.

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#### Property owner signs here:

I understand and agree that tenants of premises covered by this agreement are to be authorized to receive water wastewater bills as agents for me. I agree to comply with property owner responsibilities as described in the rules and regulations of the Village of Fredericktown Water and Wastewater Department.

I understand that the Village of Fredericktown Water Department will attempt to notify me by mail with a copy of late notices sent to my address for pending terminated services for the above address due to non-payment. I also understand that tenants may be granted payment extensions and by signing this agreement I authorize the Village of Fredericktown to grant such extensions.

\_\_\_\_\_  
Property Owner's Name (please print)

\_\_\_\_\_

\_\_\_\_\_  
Social-Security-Number (Optional)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
(Property Owner's Signature)

Hm(\_\_\_\_\_) - \_\_\_\_\_ Wk(\_\_\_\_\_) - \_\_\_\_\_  
Phone Numbers

Alternate phone number in case of emergency (broken pipes, flooding, etc.) (\_\_\_\_\_) - \_\_\_\_\_

The undersigned agree that water/wastewater bills for the above service address are to be mailed directly to the tenant for payment. This agreement is subject to Village of Fredericktown rules and regulations regarding the provision of water and wastewater service by the Water and Wastewater Department.

We understand that water/wastewater service is granted solely on the basis of personal information submitted as part of this agreement and we do certify that all such information is correct. We agree that this application for service, when accepted by the Village of Fredericktown, shall form a binding agreement governing the terms of all water and wastewater services rendered to us by the Village of Fredericktown.

#### Tenant signs here if the tenant is suppose to receive and pay bill for owner:

I understand that the Village of Fredericktown Water Department will attempt to notify me by mail with a copy of late notices sent to the above service address for pending terminated services for the above address due to non-payment.

\_\_\_\_\_  
Tenant's Name (please print)

\_\_\_\_\_

\_\_\_\_\_  
Social Security Number (Optional)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Tenant's Signature

Hm(\_\_\_\_\_) - \_\_\_\_\_ Wk(\_\_\_\_\_) - \_\_\_\_\_

Date & Time to Read inside meter \_\_\_\_\_ Mon-Fri (8:30 a.m. - 3:00 p.m.)

Instructions to get in: \_\_\_\_\_



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## Pre Approved Voluntary Termination Form

Account # \_\_\_\_\_ Date \_\_\_\_\_

Service Address \_\_\_\_\_

Customer Name \_\_\_\_\_

Billing Address \_\_\_\_\_

### 1. Agreement to permit Termination of Water Service.

A. The address at which water service is to be terminated is:

\_\_\_\_ (1) Same as billing address, or

\_\_\_\_ (2) \_\_\_\_\_

B. The address at which water service is to be terminated is:

\_\_\_\_ (1) Single family residence

\_\_\_\_ (2) Duplex / triplex

\_\_\_\_ (3) Apartment building or buildings containing \_\_\_\_ of units.

\_\_\_\_ (4) Non-residential building

c. Reason for termination:

\_\_\_\_ (1) Failure to pay current charges.

\_\_\_\_ (2) Other reasons. (explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### 2. Required Certification for Termination.

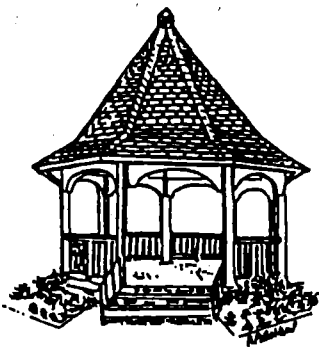
Under penalty of perjury, to induce the Village of Fredericktown to terminate water service to the address listed herein, I certify that I have personal knowledge that the information given herein is accurate. If address affected is occupied, the consumer must sign this form below, with proper identification, before a Water Department employee, either at the Water Office or at the service address. If the Service Address will not be vacant on the above date, or if you believe such termination would be in error, you must notify the Water Department **immediately** at (740) 694-9010 or (740) 694-2029.

\_\_\_\_\_  
Signature of customer agreeing to termination  
If Service Address(es) Occupied:

\_\_\_\_\_  
Signature of consumer residing at service address

\_\_\_\_\_  
Signature of employee witnessing consumer's approving termination.

\_\_\_\_\_  
Service address of consumer



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## APPLICATION FOR WATER/SEWER SERVICE

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: \_\_\_\_\_

Addendum 1

**FORM  
75**

**Regional Income Tax Agency  
Individual Registration Form**

Attn: Registration P.O. Box 477900 Broadview Heights, OH 44147-7900  
If you have any questions or are unable to complete this form please contact RITA's  
Registration Dept. at (440) 526-0900 x5008 or (800) 860-7482 x5008.

Primary Social Security # \_\_\_\_\_

Primary First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Spouse's Social Security# \_\_\_\_\_

Spouse's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

\_\_\_\_\_

P O Box \_\_\_\_\_ House # \_\_\_\_\_ Street Name \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Registration for the city: \_\_\_\_\_

Effective date of this Address: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

\_\_\_\_\_

Prior Address (House #, Street Name, City and State)

Effective date of this address: \_\_\_\_\_

\_\_\_\_\_

Are you employed? Y/N

Is your spouse employed? Y/N

Do you have Schedule C income in a RITA Municipality? Y/N

Does your spouse have Schedule C income in a RITA Municipality? Y/N

Do you own rental property and/or own a business? Y/N

Does your spouse own rental property and/or a business? Y/N

Are you retired and/or have no taxable income? Y/N

Retirement date: you \_\_\_\_\_

Is your spouse retired and/or have no taxable income? Y/N

spouse \_\_\_\_\_