



Village of Fredericktown

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

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 _____