

# 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 the Village of Fredericktown rules and regulations regarding the provision of water and wastewater service by the Water and Wastewater Department.

.....

### 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)

\_\_\_\_\_  
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 the 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 supposed to receive and pay bill for owner:

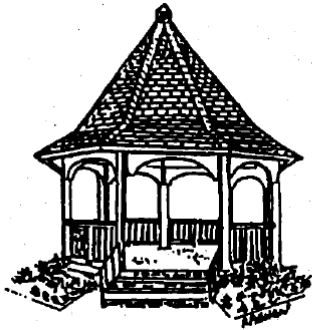
I understand that the Village of Fredericktown Water Department will attempt to notify me by mail with a copy of late notices sent to the above service address for pending terminated services for the above address due to non-payment.

\_\_\_\_\_  
Tenant's Name (Please Print)

\_\_\_\_\_  
Mailing Address (if different that service address)

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

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



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## Pre-Approved Voluntary Termination Form

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

Date \_\_\_\_\_

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

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

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

Agreement to permit Termination of Water Service.

1. 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 \_\_\_\_\_ units
- (4) Non-residential building

C. Reason for termination:

- (1) Failure to pay current charges
  - (2) Other reasons (explain) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2. Required Certification for Termination.

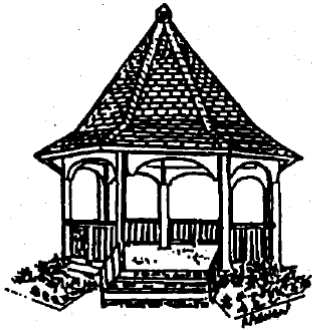
Under penalty of perjury to induce the Village of Fredericktown to terminate water service to the address listed herein, I certify that I have personal knowledge that the information given herein is accurate. If address affected is occupied, the consumer must sign this form below, with proper identification, 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

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

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



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## APPLICATION FOR WATER/SEWER SERVICE

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

Name: \_\_\_\_\_

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.

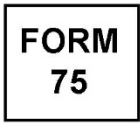
It is understood that a minimum monthly charge will be made where the water/sewer remains connected to lines whether or not there is any usage. I also agree to be responsible for water/sewer services to the above premises until notice to discontinue the supply has been given to the utility clerk's office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