



2 East Sandusky Street
Fredericktown, Ohio 43019
740-694-9010 | Fax 740-694-9032
fredericktownohio.net

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.

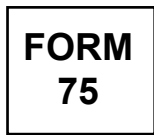
I further agree that the Village of Fredericktown shall have free access to any metering device at all reasonable hours and may remove same for any purpose. Upon failure to comply with any of the rules of said utility, or for any indebtedness whatsoever, the Village of Fredericktown may in addition disconnect 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: _____

Addendum 1-A



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: ____/____/____