



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

APPLICATION FOR WATER/SEWER SERVICE

**PROPERTY OWNER: IF PREVIOUS PROPERTY OWNER DOES NOT PAY THEIR FINAL BILL
WITHIN 14 DAYS OF THE FINAL METER READING DATE, THE NEW PROPERTY OWNER
WILL BE RESPONSIBLE FOR THE PAYMENT OF THE FINAL BILL.**

Account # _____

Name: _____

Date of Birth: _____ Today's Date: _____

I hereby make application to the Village of Fredericktown for water/sewer services to be supplied to:

Service Address: _____

Billing 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 _____

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: ____ / ____ / ____