

City of Upper Sandusky Water Department
119 North Seventh Street
Upper Sandusky, OH 43351
Phone 419-294-3863 Fax 419-294-6767

Application for Service

Please Print

Account # _____ **Effective Date** _____

Service Address _____

Tenant/Consumer _____

Co-Tenant/Consumer _____

Billing Address _____

City, State, Zip _____

Phone/Cell# _____ **e-mail** _____

Contact Person _____ **Phone** _____

LL/Owners Name _____

I, or we, hereby make application to THE UPPER SANDUSKY WATER DEPARTMENT for water service at the service address above. The above application is made subject to the rules, regulations and schedules or rates adopted by Ordinances No. 38-12, and No. 86-12 which rules, regulations and schedules of rates are now on file in the office of the Water Department, and which it is agreed between the applicant and the Upper Sandusky Water Department forms a part of this application and contract with the same effect as if written herein. In consideration of the above service from the Upper Sandusky Water Department at the above address, I or we, hereby guarantee the payment of all bills occurring hereunder and agree to pay promptly all such bills which are not paid when due including penalties. In the event that a water / sewer / sanitation customer moves from one location to another location, the account balance from the first location shall carry-over to the new location and shall be due and payable in full with the next monthly billing at the current location. Failure to keep the account paid in full at the new location, including the carry-over balance, shall subject the customer to having water / sewer / sanitation service terminated.

Signature of Tenant(s) Drivers License or Soc Sec #

Signature of Owner