

# 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 of The City of Upper Sandusky, Ohio 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)

\_\_\_\_\_  
Signature of Owner