

ACCOUNT # _____ - _____ - _____

DATE _____

Consumer's Application for Water, Sewer and Sanitation

In consideration of the City of New Philadelphia, Ohio, furnishing Water, Sewer and Sanitation service at _____ and in accordance with the Rules and Regulations of the

Water, Sewer and Sanitation Departments of the City of New Philadelphia, Ohio, the undersigned agrees to pay in full at the office of the City Water and Sewer Department for all Water, Sewer and Sanitation Services furnished at the premises mentioned herein as soon as such payments become due, and until written notice is given by me to the Water, Sewer and Sanitation Department to discontinue such service.

FAILURE TO TIMELY PAY THIS ACCOUNT WILL RESULT IN SERVICES BEING CUT OFF PURSUANT TO NEW PHILADELPHIA WATER SHUT OFF POLICY.

PRINT-Business Name: _____ Phone: _____

Signature: _____

PRINT-Owner Name: _____ Phone: _____

Signature: _____

Billing Address: _____

Owner Occupied _____ **Rental Property** _____ **Business** _____ **Name Change** _____