



Billing Office:
211 East Boundary St.
Perrysburg Ohio 43551
(419) 872-8055

DIVISION OF WATER AND SEWER

SERVICE APPLICATION AND CONTRACT (OUTSIDE CITY)

Date _____

Service Address _____

Name _____ Name 2 _____

Employer _____ Employer(Name 2) _____

Home Phone No. _____ Daytime Phone No. _____

Have you had previous service from Perrysburg (Please circle) Yes No

If yes, where? _____

**** Each account will receive a minimum quarterly bill as long as the service is turned on.**

****Transfer will not be done without a final reading of the main meter.**

****The bill for this property will come from the Northwest Water and Sewer District.**

I/We, the owner(s) of the above-named property hereby guarantee payment of bills for the service requested, hereinafter called "Service." I/We understand that I/we may assign the payment of such Service to a tenant of the property, but that this does not relieve me/us of the responsibility for payment in the event of non-payment by a tenant. I/We further understand that a delinquent Service account may be placed on the tax duplicate for collection in the same manner as taxes and assessments. I/We agree to comply with all rules and regulations of the Divisions of Water and Water Pollution Control and other Service-related regulations as adopted by the City of Perrysburg.

Check One:

_____ This address is currently tenant-occupied and I am/we are authorizing tenant to put in their name.
(Separate tenant service application and agreement form also required)

_____ I/We will be making payment for Service myself/ourselves.

Service should be turned on/final reading done at this property on _____

Service bills should be mailed to: _____

Name _____

Address _____

City, State, Zip _____

I/We certify the above information to be true and correct and agree to the terms of this contract.

Signature

Signature Name 2