



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

DIVISION OF WATER AND SEWER

TENANT 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, hereby agree to pay bills for the service requested, hereinafter called "Service." 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.

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

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

Property Owner:

Service bills should be mailed to:

Name

Name

Address

Address

City, State, Zip

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