

Village of Coldwater Service Application

(Please Print Clearly)

610 W. Sycamore St., Coldwater, Ohio 45828

Today's date _____ (Office Use Only) Account No. _____

Applicant's Name _____ Telephone Number _____
First Middle Last

Service Address _____ Cell Phone _____

DATE SERVICE NEEDED _____

Mailing Address _____

Date of Birth _____ SSN# _____ ID or Driver's License Number _____

E-Mail Address: _____

Applicant's Employer _____ How Long _____

Employer Address _____ Telephone Number _____

Spouse's Name _____ Date of Birth _____ SSN# _____
or Roommates First Middle Last

Spouse's Cell Phone _____
or Roommates

Spouse's Occupation or Employer _____ How Long _____
or Roommates

Spouse's Employer Address _____ Telephone Number _____
or Roommates

Applicant's Previous Address _____

Do you currently have Village of Coldwater Utilities in your name? _____ Yes _____ No

If yes, date you wish to have them taken out of your name _____

Village of Coldwater Application for:

Water Sewer

_____ Owner _____ Renter **If Renter: Property Owner's Name** _____

Please initial each box:

I, the undersigned, do agree that:

_____ (1) All utility bills are due and payable by the 15th of the month billed (January, April, July and October).

_____ (2) A ten percent (10%) penalty shall be added to all bills not paid by the fifteenth day of the month in which said payment is due. All unpaid accounts shall be charged interest at the rate of 1.5% per month beginning thirty days after the due date of said bill.

FAILURE TO RECEIVE THE BILL DOES NOT WAIVE PENALTY

_____ (3) Non-payment of bills will result in discontinuance of service at which time an additional reconnection charge will be added.

_____ (4) If I, my spouse or any member of my household owes the Village of Coldwater any past due, delinquent bills of any type (utility, tax and/or other), all of these outstanding bills of any type must be paid in full before a refund of overpayment or credit is given. If, after service is provided, it is found that such bills do exist, service will be discontinued until payment is made in full.

Applicant's signature

Date

Village Representative

Date