Village of Arlington

FILL OUT ALL THAT APPLY (Fill out associated parts) Circle below:

Address change only (1&2) **Moving Out/Shut - Off (1&2)** **Moving In OWNERS ONLY (1only)**

Contract for Water and Sewer Services/Change Request/Shut off Form

Form to be filled out and signed by PROPERTY OWNER

Part 1 – Please Print Legibly

Date: _____

Subject to the Rules and Regulations governing the Departments of Water and Sewer of the Village of Arlington, OH, 45814, and all ordinances and laws pertaining thereto, now in force or which shall later become in force, the undersigned hereby makes application for water and sewer to be turned on, changed, or shut off for use at the premises known as:

House Address for Water/Sewer: _____

Owner Phone# _____ **Renter Phone#** _____

Billing Address _____

Property-owner's Signature/e-mail _____

Property-owner's Name Print _____

Renter's Name/e-mail _____

And to make prompt payment of all water and sewer charges and fees connected therewith. (Charges incurred during the normal billing cycle are due on the 15th day of January, March, May, July, September, and November.) Property owner assumes liability for all water and sewer rates/fees at said premised by whoever incurred said charges. Sewer charges are measured by the amount of water registered through the water meter.

Part 2 - Please Print Legibly

Date meter to be read for final bill at above address _____

PLEASE SUPPLY A FORWARDING ADDRESS FOR FINAL BILL:

Name: _____ Mailing Address _____

City/State: _____ Zip: _____

Name of the new owner _____

IF NOT FILLED OUT PROPERLY – SERVICE WILL NOT BE ACTIVATED

AFTER SUBMITING FORM SERVICE WILL BE ACTIVATED WITHIN 2 WORKING DAYS

OFFICE USE ONLY: **Date of Service** _____ **Account #** _____

Old Customer Name _____ **Meter Reading** _____ **Date** _____

Meter MIU Number _____ **Meter Serial Number** _____

CONTACTS: **Municipal Building: 419-365-5253** **Email:** voawaterclerk@gmail.com **Water Superintendent: 419-348-3197**