

**CITY OF BELLEFONTAINE, OHIO**

**APPLICATION CONTRACT FOR WATER, SANITARY AND REFUSE SERVICE**

**Today's Date:** \_\_\_\_\_

Subject to the Rules and Regulations governing the **Department of Public Utilities of the City of Bellefontaine, Ohio**, 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 services to be turned on for use at premises know as:

**Service Address:**

\_\_\_\_\_

And hereby agrees to become responsible for and to make prompt payment of all water, sewer and refuse services, charges and fees connected therewith.

**ACCOUNT BILLING INFORMATION-Please Print or Type:**

**Owner/Tenant** (circle one)

**APPLICANT/BUSINESS NAME**

**JOINT APPLICANT**

\_\_\_\_\_

\_\_\_\_\_

**SSN or Tax ID#:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Mailing Address: (if different from service address)**

\_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

\_\_\_\_\_

**Drivers License # (include State where issued):**

\_\_\_\_\_

\_\_\_\_\_

**Nearest Relative/Contact:** \_\_\_\_\_

**Contacts Phone Number:** \_\_\_\_\_

**Start Date of Service:** \_\_\_\_\_ (Mondays-Fridays, no weekends or holidays)

\_\_\_\_\_

\_\_\_\_\_

**Applicants Signature**

**Joint Applicants Signature**

If this contract is signed outside of the Water Office, then it must be notarized by a Notary Public.

**Notarized by:** \_\_\_\_\_

Application and any required Deposit must be received prior to the Start Date of Service. There is no deposit required of the property owner (residential ownership will be verified with the Logan County Auditor's Office). All residential renters will need to submit a \$150.00 deposit. All Commercial renters will need to contact the Utilities Office at (937) 592-3561 or [vstratton@ci.bellefontaine.oh.us](mailto:vstratton@ci.bellefontaine.oh.us) to obtain the required deposit amount.