

APPLICATION AND AGREEMENT FOR  
WATER/SEWER/STORMWATER/REFUSE SERVICE  
WILMINGTON UTILITY BILLING DEPARTMENT  
69 N South Street Wilmington OH 45177  
(PH) 937-382-5711 / (FAX) 937-383-5870  
wilmingtonoh.org  
email: wateroffice@wilmingtonoh.org

Applicant's Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Acct#: \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Date \_\_\_\_\_  
Service Address \_\_\_\_\_ Eff. Date \_\_\_\_\_  
Billing Address \_\_\_\_\_  
Owner of Property \_\_\_\_\_  
Owner's Address \_\_\_\_\_ Phone# \_\_\_\_\_

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Agreement: I, the undersigned, hereby make application to the Wilmington Utility Billing Department for services. I agree to pay for such services at the same rates in effect, or as amended from time to time, as established by Ordinances adopted by the legislative authority of the City of Wilmington. I agree to abide by all the rules and regulations of the Utility Billing Department, as set forth in Chapter 927 of the Codified Ordinances of the City of Wilmington, which are incorporated herein and made a part hereof. I agree to use such services for my own purposes and not to sell any part of same or permit its use for any other purpose: I agree that duly authorized agents and employees of the Utility Billing Department shall have access to my premises at all reasonable hours for the purpose of reading meters, installation or removal of meters and for inspection of equipment incident to carrying out this agreement. I further agree to hold the City of Wilmington Utility Billing Department, the City of Wilmington and its agents, officials and employees harmless from any and all claims and demands alleged for loss, injury or damage to property or persons arising out of the delivery of services beyond the point of metering. I as the renter also agree to give said Utility Billing Department written notice forty-eight hours prior to when I cease to occupy said premises and desire service to be discontinued. In the event of my failure to comply with any of the terms and conditions of this agreement, I **AGREE THAT SAID UTILITY BILLING DEPARTMENT OR ITS REPRESENTATIVES, MAY DISCONTINUE SERVICE HEREUNDER WITHOUT FURTHER NOTICE TO ME, AND THAT SUCH DISCONTINUANCE WILL NOT CONSTITUTE WAIVER OF ANY CLAIMS AGAINST ME FOR PRIOR SERVICE RENDERED HEREUNDER BY SAID UTILITY BILLING DEPARTMENT. I UNDERSTAND THAT SAID UTILITY BILLING DEPARTMENT MAY NOTIFY THE OWNER OF PROPERTY IF DISCONNECTION FOR NON-PAYMENT IS PENDING, AND MAY PROVIDE UPON REQUEST MY PAST AND/OR PRESENT PAYMENT HISTORY.**

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**APPLICANT'S SIGNATURE**

Upon failure of the within named applicant to pay all water, stormwater and sewer charges incurred at, or upon, the premises above described, I agree upon notice (Pursuant to the Ohio Revised Code) to pay the within named Wilmington Utility Billing Department for said charges. Such charges not paid within sixty days from the date due shall constitute delinquent charges and the City Auditor shall certify to the County Auditor all unpaid delinquent charges for collections allowed by law in the same manner as other taxes and assessments.  
Owners of property are entitled to inquire at the Utility Billing Department for payment history of potential applicants.

**AUTOMATIC TRANSFER YES \_\_\_\_\_ NO \_\_\_\_\_**

By checking YES to AUTOMATIC TRANSFER, the owner is giving the Utility Billing Office permission to automatically transfer this property back to the owner, once notice is received from tenant that they will no longer occupy this property and requested a final bill.

\_\_\_\_\_  
**OWNER'S SIGNATURE**

Sworn to me by this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public  
\_\_\_\_\_

My Commission Expires on  
\_\_\_\_\_