City of St. Marys

RESIDENTIAL UTILITY APPLICATION AND TAX REGISTRATION

Date		Effective Date of Service		Acct #	

Name of Applicant:

Service Address: Phone:

Mailing Address:

Social Security # of Applicant: Applicant's Employer:

Spouse's Name: SS #: Spouse's Employer:

Last Address of Applicant: How Long?

Have you ever had City Utilities in your name before? ☐ Yes ☐ No If yes, where? _____

I am ☐ renting ☐ buying this property.

If renting or leasing, please provide:

Name of Owner: _____ Address of Owner: _____

Municipal Utilities Applied For

☐ Water ☐ Sewer ☐ Electric ☐ Refuse Utility Deposit $_____

Sources Of Income. *Check all that apply:*

☐ Rental Property Owner ☐ Farm Income ☐ Partnership Income ☐ Trust Income ☐ Military Pay

☐ Retirement Pay ☐ Self Employment ☐ Public Assistance ☐ Other _____

☐ Shareholder in Sub Chapter S Corporation

List other members of your household 18 years of age and over:

Name	SS #	Employer

I, THE UNDERSIGNED, UNDERSTAND AND AGREE THAT:

(1) All utility bills are due and payable by the 10th of the month.

(2) Non-payment of bills when due will result in discontinuance of service.

(3) If I am purchasing a property, unpaid bills created by the prior occupant(s) must be paid in full before utilities will be transferred, and that certain charges, if not paid, can and will be certified to the Auglaize County Auditor for addition to the property taxes. At this time there is a past due bill at this address in the amount of $_____. This is in addition to any current billings and final bills that may be issued.

Applicant: _____ City Clerk: _____

(4) If I, my spouse, or any member of my household owes the City of St. Marys any delinquent bills, all must be paid in full before any service is provided at the above service address. If after this service is provided it is found that such bills exist, service will be discontinued at once and until payment of such is made in full.

(5) My utility deposit will be returned, upon application, after 12 billings if all due bills against my account have been paid no later than the 25th of the month in which the bill was rendered. (*Applicable to residential deposits only.*)

Signature of Applicant: _____ Date: _____

Information obtained herein will be used for the sole purpose of utility billing and income tax purposes.