



CITY OF ST. MARYS

Industrial Utility Application and Tax Registration

Date		Effective Date of Service		Acct #	
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Business Name: _____

Service Address: _____ Phone #: _____ Fax #: _____

Mailing Address: _____

Type of Business Entity: _____ Federal Tax ID #: _____

Corporate Officers:

Name: _____	Title: _____	SS #: _____
Name: _____	Title: _____	SS #: _____
Name: _____	Title: _____	SS #: _____
Name: _____	Title: _____	SS #: _____

I am Renting / Buying this property.

If renting or leasing, please provide:

Name of Owner: _____ Address: _____

Municipal Utilities Applied for

Water Sewer Electric Refuse Utility Deposit \$ _____

Nature of Business Activity: _____

I, THE UNDERSIGNED, DO UNDERSTAND AND AGREE THAT:

- (1) All utility bills are due and payable by the 10th of the month billed.
- (2) Non-payment of bills when due will result in discontinuance of service.
- (3) **That in the case where I am purchasing a property, past due unpaid bills created by prior occupants 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: _____ Clerk: _____

(4) That my utility deposit will be returned, upon application, after 24 billings, if all due bills against my account have been paid no later than the 25th of the month in which the bill is rendered.

(5) As a corporate officer, I am legally authorized to complete this application on behalf of the applicant.

CORPORATE OFFICER: _____ Date: _____

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