



CITY OF ST. MARYS

Residential Utility Application and Tax Registration

Date	_____	Effective Date of Service	_____	Acct #	_____
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Name of Applicant: _____

Service Address: _____ Phone: _____

Mailing Address: _____

Social Security # of Applicant: _____ Applicants Employer: _____

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

Last Address of Applicant: _____ How Long? _____

Have you ever had City Utilities in your name before? _____ 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 Electric Heat Refuse Utility Deposit \$ _____

Check all that apply:

Rental Property Owner Farm Income Partnership Income Trust Income Military Pay

Retirement Pay Self Employment Public Assistance

List name and address of any domestic employee(s) _____

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

Name	SS #	Employer
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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 the 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 if I, my spouse, or any member of my household owes to the City of St. Marys any past due, delinquent bills, all of these bills must be paid in full before any service is provided at the above service address, and that if after this service is provided it is found that such bills do exist, service will be discontinued at once and until payment of such is made in full.

(5) That 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 is rendered.

(this applies 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.