Application for Water/Sewer/Garbage Service

(for Property Owners Only)

Proof of ownership of property must be provided at time application is submitted. All application(s) and forms will need to be submitted in the Utilities Office at 524 N Broadway, Spencerville, OH. Office hours are 7-3:30 p.m. Monday – Friday (lunch is from Noon to 12:30 p.m.)

Today's Date:			Account Number:				
Name:			SSN	J#:			
	Verification: Driver's License # or	: ID #:					
	(Attach copy of a						
	Phone:		Employ	er Name	e:		
	E-mail Address:						
Spouse's Name	:			SSN #·			
Spouse 51 (unit	Phone:	Employ			 e:		
	E-mail Address:		1 /				
Moving to:	Service Address:	(+ 11 T			****		
		(All R					
	Please start service on Does the water service need turned	at		NO	a.1	m. / p.m.	
	Did you have water service in the V					JUST READ METER	
	If yes please list all addresses:	•					
Owners Mailin							
	Name:						
	Address:		Ctata			7:	
	City:		State:			Zip:	
Will you be usi	ng this property as a rental?	YES	NO				
3.5	G						
Moving from:	Service Address:						
r	Forwarding Address:						
	Name:						
	Address: City:		State:		7in:		
	Phone #:				_ Zip		
	Please end service on		at			a.m. / p.m.	
	Do you want the water service shut	off? YES		NO		JUST READ METER	
 All utility bills The Village of Non-payment That in the contribution of t	signed, do understand and agree that: Is are due and payable to the Village of S f Spencerville does not offer any payment of bills when due will result in disconting as where I am purchasing a property, I be transferred, and that certain charges axes. In the service to new less eservices shall conform to the Rules as the service applicant agrees to the indication request or on our website at www.sp	nt plans. nuance of service past due unpaid s, if not paid can v turn ons or exi and Regulation of	e. bills create and will be sting servic of the Villag garding the	d by the e certific ees if oth- ge of Spe	prior occ d to the A er accoun	Allen County Auditor for addition to the ats are delinquent. Utility Department. Upon signing this	
Applicant's Sign		Applio	cant's Sign	ature		Date	
_	ship that was Provided:						
						_	
New Account Numb	ber: AM / PM		OK BY:				

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