

Landlord Application

Date _____ Account# _____

Applicant's Name _____

Date of Birth _____ SSN _____

Co-Applicant Name _____

Date of Birth _____ SSN _____

Mailing Address _____

City _____ State _____ Zip _____

Phone# _____ Cell# _____

Applicant's Employer _____

Employer's Address _____

Service Address _____

Village of Fort Recovery Application for: _____ Water _____ Sewer
_____ Cistern Date Service Needed _____

I understand and agree that:

1. All utility bills are due and payable by the 16th of each month.
2. I will instruct all renters to complete an application and pay a deposit of \$50 to receive service.
3. Utility invoices will be mailed to the renter of each unit. Failure of renter to pay invoices becomes the responsibility of the landlord. I will receive a copy of renters past due invoices. Unpaid bills will be assessed to the property owner's Real Estate Tax.
4. I wish to have the account remain in my name and bill all invoices to me.
5. I understand that when a renter moves out the invoice will automatically switch to my name and I will be billed each month until a new renter completes an application.
6. I understand I must contact the Village when I want the service disconnected.
7. In the case where I am purchasing this property, all unpaid bills created by the prior occupants must be paid in full. Charges if not paid, can and will be certified to the Mercer County Auditor for addition to the property taxes. At this time there is a bill at the address in the amount of \$ _____. This is in addition to the final bill to be issued.

Applicant Signature

Race: White/American Indian/Alaskan Native/Asian / Black or African American/ Native Hawaiian or other Pacific Islander	Ethnicity: Hispanic or Latino / Not Hispanic or Latino	Sex: Female / Male
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Applicant Signature

Date

Village Representative

Date

Posted _____