

VILLAGE OF FORT RECOVERY SERVICE APPLICATION

Date _____ Date Service Needed _____ Account # _____
 Applicant's Name _____ Phone# _____
 Service Address _____ Cell # _____
 Mailing Address _____
 Date of Birth _____ SSN# _____ ID or DL # _____
 Previous Address _____
 Employer _____ How Long _____
 Employer Address _____ Phone# _____
 Spouse or Roommate _____ Phone# _____
 Date of Birth _____ SSN# _____ ID or DL# _____
 Occupation or Employer _____ How Long _____
 Employer's Address _____

Indicate number of people living at residence _____ # over 18 yr _____

Owner
 Renter Deposit \$ _____ Property Owner's Name _____

I the undersigned do understand and agree that:

1. All utility bills are due and payable by the 16th of each month. A ten percent (10%) penalty shall be added to all bills not paid by the due date. Non-payment of bills will result in discontinuance of service at which time an additional reconnection charge will be added. Unpaid bills will be assessed to the property owner's Real Estate Tax.
2. Applicants authorize and agree by signing this application to the release of information regarding pending delinquencies and disconnections to the landlord/guarantor.
3. If I, my co-applicant or any member of my household owes the Village of Fort Recovery any past due bills of any type (utility, tax and/or other), all of these outstanding bills must be paid in full before a refund of overpayment or credit is given. If after service is provided, it is found that such bills do exist, service will be discontinued until payment is made in full.
4. 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

<input type="checkbox"/> Race: White/American Indian/Alaskan Native/Asian / Black or African American/ Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Ethnicity: Hispanic or Latino / Not Hispanic or Latino	<input type="checkbox"/> Sex: Female / Male
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_____ Date _____
 Applicant Signature

_____ Date _____ IT
 Village Representative

Deposit # _____ PI# _____ CMI Dep# _____ Posted _____