



City of Streetsboro Water Billing Department

9184 State Route 43, Streetsboro, OH 44241 (330) 626-4942 Ext 4112 Fax (330) 626-4035
Office Hours: Monday - Friday 8:15 am - 4:15 pm
emakar@cityofstreetsboro.com

Discontinuation of Service

I, the undersigned, _____ hereinafter called
(please print)
“the Owner”, of the premises located at _____
(address) (apt #)
Streetsboro, Ohio 44241 does hereby contract with the City of Streetsboro for water supply to a
building, occupied at above address.

In consideration of the furnishing of said water supply, the Owner requestes the City of
Streetsboro discontinue the water supply ending _____, 20_____ .

**THIS SIGNED CONTRACT MUST BE RETURNED TO THE CITY OF STREETSBORO
FINANCE DEPARTMENT IN ORDER TO DISCONTINUE EXISTING WATER SERVICE**

Signed: _____ Phone Number: _____

Mail Final Bills To: _____

CITY OFFICE USE ONLY

Accepted in City of Streetsboro Water Department

By: _____ Date: _____

Acct. No: _____

Senior Discount _____

Landlord - Name _____

Landlord Address _____

Landlord Phone No.: _____

Water Department

ID NO: _____

Ending Read: _____

Date: _____

Utility Worker: _____