



# 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

## Service Contract

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, located on said premises, and not elsewhere.

In consideration of the furnishing of said water supply, the Owner agrees to pay for said  
service at the regular rates as they are now established or may be revised, starting  
\_\_\_\_\_, 20\_\_\_\_ and continuing until such time as notice is given by Owner  
in writing, to discontinue the supply.

To be eligible for the Senior (65) or Disability discount you need to bring the following:  
Copy of the Portage County Real Estate Tax Bill showing Homestead Reduction and a copy of  
your driver’s license with your address on it.

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

Signed: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mail 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: \_\_\_\_\_

Beginning Read: \_\_\_\_\_

Date: \_\_\_\_\_

Utility Worker: \_\_\_\_\_