



City of Streetsboro Finance Water Billing Department

9184 State Route 43, Streetsboro, OH 44241 (330) 626-4942 Ext 4112 Fax (330) 626-4035

Office Hours: Monday - Friday 8:00 am - 4:15 pm

emakar@cityofstreetsboro.com

Service Contract

I, the undersigned, _____ hereinafter called
(please print)

“the Owner/Tenant”, 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 as (check one below that applies), located on said premises, and not elsewhere:

- | | | |
|--|---|---|
| <input type="checkbox"/> Resident | <input type="checkbox"/> Retail Establishment | <input type="checkbox"/> Factory |
| <input type="checkbox"/> Rental Property | <input type="checkbox"/> Strip Mall | <input type="checkbox"/> Office Building |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Sprinkler System |
| <input type="checkbox"/> Other _____ | | |

In consideration of the furnishing of said water supply, the Owner/Tenant 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/Tenant 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 Finance Department

By: _____ Date: _____

Acct. No: _____

Senior Discount _____

Landlord - Name _____

Landlord Address _____

Landlord Phone No.: _____

Water Department

ID NO: _____

Beginning Read: _____

Date: _____

Utility Worker: _____