

Water Service Discontinuation

City of Streetsboro
9184 State Route 43
Streetsboro, OH 44241



Office Hours:
Monday - Friday: 8:00 am - 4:30 pm

- 330-626-4942
- Fax: 330-626-4035
- www.cityofstreetsboro.com
-

Discontinuation

ACCOUNT NO. _____

The undersigned, _____
(please print)

Hereinafter called "the Owner", Owner of the premises located at:

Address: _____

Apt. No. _____

Streetsboro, Ohio does hereby contract with the City of Streetsboro for water supply to a building, occupied as :

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

(Check one that applies)

Located on said premises, and not elsewhere.

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, commencing _____ 20__ , and continuing until such time as noticed is given by Owner in writing, to discontinue the supply.

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

Signed: _____ Phone Number: _____

Mail Final Bill To: _____

CITY OFFICE USE ONLY

Accepted:
City of Streetsboro Finance Department
By: _____
New: _____ Transfer: _____
Date: _____

ID NO: _____
Beginning Read: _____
Date: _____
Utility Worker: _____ Supervisor: _____