

City of Streetsboro

Water Billing Department

Mailing address : 9184 State Route 43, Streetsboro, OH 44241

Temporary physical address: 555 Frost Road, Streetsboro, OH 44241

Office Hours: Monday - Friday 8:15am - 4:15pm Phone: 330-626-4942 Fax: 234-284-8330

Linda Hartman | ext. 6106 | lhartman@cityofstreetsboro.com Evangeline Makar | ext. 4112 | 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 do 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 requests the City of Streetsboro discontinue the water supply ending _____, 20_____ .

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

Signed: _____ Phone No: _____

Mail bills to: _____

Accepted in City of Streetsboro Water Department

By: _____ Date: _____

Acct. No: _____

Senior Discount

Landlord Name _____

Landlord Address _____

Landlord Phone No.: _____

Water Department

ID Number _____

Beginning Read: _____

Date: _____

Utility Worker: _____