



City of Streetsboro Finance Water Billing Department

9184 State Route 43 Streetsboro, OH 44241 (330) 626-4942 Ext 112 Fax (330) 626-4035
Office Hours: Monday - Friday 8:00 am - 4:15 pm
emakar@cityofstreetsboro.com

Discontinuation of Service

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:

Resident

Retail Establishment

Factory

Rental Property

Strip Mall

Office Building

Mobile Home

Hotel/Motel

Sprinkler System

Other _____

In consideration of the furnishing of said water supply, the Owner/Tenant requests 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 Bill 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: _____

Ending Read: _____

Date: _____

Utility Worker: _____