

Elyria City Hall 131 Court Street ,Suite 102

Elyria, Ohio 44035

Phone: (440) 326-1570 **Fax:** (440)-326-1588

www.cityofelyria.org

APPLICATION FOR WATER/ SEWER/ SANITATION SERVICE

SERVICE ADDRESS:		
(Str	reet Address)	(City, State and Zip code)
ACCOUNT HOLDER/APPL	JCANT (NAME):	
Please select one of the following:	□ OWNER □ TENANT □	(Last, First, MI OR Business Name) MANAGEMENT COMPANY REALTOR
Telephone Number()	Cell I	Phone Number()
Email Address:	Driver Lie	cense/ ID Number:
Have you had a previous account v	with City of Elyria different than the s	ervice address?
(If different than Service Address		
	If TENANT, provide the	e following owner information:
Owner / Landlord Name:		
1	NT 1 (12 12 12 12 12 12 12 12 12 12 12 12 12 1	
Additional After Hours Emergency Number:(if available)() Email Address:		
Eman Address:		
(Please Initial)		
payment of service bil		of Elyria at the above location, I hereby acknowledge responsibility for nd payment by the indicated due date is required to prevent interruption of nt is closed.
utility service initiated outside, toilets, etc.) a	d/ restored at the above address, I agre are turned off: or that the responsible a a you turn off your private shut off y	rater damage to this property or its contents. In consideration for having the to ensure that all water service facilities (sink and tub faucet/ inside and account holder or designee will be present to check for leakage. Talve, if applicable. Once the application is processed, it may take up to 5
Account Holder/ Applicant Signati		Date:
		PROCESSED WITHOUT PROPER DOCUMENTATION**
Security Deposit Information:		
-		urnishing utility service are fully paid. The City shall upon permanent
		acting all amounts due the City for such services. Furthermore, the deposit all services regardless of the sufficiency of the deposit to cover such
	ill remain active and is the responsi	bility of the property owner even during lapses in occupancy with any
	billed to the property owner. For a	listing of complete EPU rules see Chapter 939 of Codified Ordinance or
www.cityofelyria.org		Dete
Account Holder/ Applicant Signature		Date:
Account Holder/ Applicant Signature		Date:
Owner/Landlord/Agent Signature		