

Marshallville Utilities

Date: _____

P.O. Box 227, Marshallville, OH 44645

Account Number if applicable: _____

Name to appear on bill: _____ SSN# _____

Name of Spouse/Other Occupants:

_____ SSN# _____

_____ SSN# _____

Complete Mailing Address: _____

Name and address of current employer: _____

Work Phone Number: _____

Name and address of nearest relative: _____

Contact number: _____

Has Marshallville Municipal Utilities ever served you or your spouse? Yes__ No__

If yes, address where served: _____

Indicate your correct occupant status: Renter_____ Owner_____

Do you presently have the property deed in your name(s)? Yes__ No__

If yes, State all names on deed: _____

If security deposit is required, the applicant(s) agree to allow the Marshallville Utilities to apply such deposit as follows: First to unpaid electric service, remainder to water and sewer service and any other outstanding amounts owed to the utilities. Additionally, the applicant(s) also (1) agree to abide by all terms and conditions as described in the customer deposit policy. (2) Grant permission to the Utilities to seek appropriate information from the above named individuals, employers and credit references and (3) agree to abide by all rules and regulations of the Utilities, including those which state the agents of the Utilities shall have free access to the electric and water meters and connection (**AS NEEDED/EMERGENCY**). All person of legal age (18 and over), in the residence are responsible for payment of services provided.

Signature: _____ Signature: _____

For Utility Dept. use only: Deposit Amount: _____ Date Received: _____

Owner: _____

Refunded Amount: _____

Date Refunded: _____