

# 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: \_\_\_\_\_

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For Utility Dept. use only: Deposit Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_

Owner: \_\_\_\_\_

Refunded Amount: \_\_\_\_\_

Date Refunded: \_\_\_\_\_