



230 Clinton Street
Wauseon, OH 43567
T: 419.335.1441 | F: 419.335.0063
www.cityofwauseon.com

WATER/SEWER SERVICE APPLICATION AND CONTRACT

Service Address _____

First/Last Name _____

Social Security # _____ Driver's License # _____

Phone # _____ Email Address _____

Have you previously: Lived in the City of Wauseon? YES NO

Had established utility service in the City of Wauseon? YES NO

If yes, where? _____

Final/new service reading should be done at this property on _____

I/We agree to pay for said services in accordance with tariffs now in effect, or hereafter legally established, and to abide by the rules of the City of Wauseon, governing the payment of bills and to furnish proof of ownership/rental within 5 days of application.

Print Name _____

Sign Name _____

Date _____

OFFICE USE ONLY

Photo ID _____ Deposit _____ Paid by _____ Receipt # _____ Clerk Initials _____

Landlord Name _____ Phone # _____ Delinquent Notice? _____

Account #: