

Water/Sewer Service Application and Contract Owner

					Drivers		
Owner	1				License#:		
0	2				Drivers		
Owner :	2				License#:	<u> </u>	
Service	Address	3:					
Phone:							
Email:							
Have you previously lived in or established utility services in the City of Maumee? If yes, provide address:							
Prior Address:							
Residential accounts are billed quarterly. A Readiness to Serve charge will be due with each bill, regardless of water consumption. Water Consumption beyond 6,000 gallons will be billed per 1,000 gallons consumed. Sewer charge is based on water consumption. Rates are available at Maumee.org.							
Must not	ify Utilit	y Billing office if movin	g out. Will b	e responsible fo	r usage until n	otification is received.	
I/We, the accountholder of the above-named property, understand a bill will be issued in my/our name and I/we are responsible to pay for the service requested, hereinafter called "Service". I/We understand that service will be disconnected and assessed a fee for nonpayment and will not be reconnected until past due balances and fees are paid in full. I/We understand service cannot be established if there are delinquent City of Maumee utility services or income tax accounts in my/our name.							
What dat	te would	you like service turned	d on?				
***Monitor your water usage with AquaHawk. To register, visit: https://maumoh.aquahawk.us/ ***							
***Sign up for Paperless Billing: Finance->Utility">www.maumee.org->Finance->Utility Billing->Payments And Bill->Enroll							
To ensure you stay informed about specific type of notifications (account updates, promotions, events), simply opt-in for text message notifications:							
YES		NO					
I/We cer	tifv the a	- above information is tru	ue and corre	ect and agree to	the terms of th	is contract.	
Owner	_			Owner 2:			
Print Na	ame			Print Name			
<u> </u>			·				

Signature

Signature

Date	Date	Date	
	Date	Date	

Internal Office Use:

Confirm Prior? Balance?	Utility Service Accounts? Y/N	Income Tax Account? Y/N
Confirmed Ownership?		
Drivers License(s) Number:	1	2
Account Number:		Billing Cycle:

Staff Signature and Date

Revised_11.21.23