



400 Conant Street  
 Maumee, OH 43537  
 419-897-7125  
 utilitybilling@maumee.org

**Water/Sewer Service Application and Contract**  
**\*\*Lease Holder\*\***

Leaseholder 1:		Drivers License#:	
Leaseholder 2:		Drivers License#:	
Service Address:			
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.

**Please have your landlord call 419-897-7125 or e-mail to confirm the move in. Water will not be put into your name if there is an unpaid balance.**

I/We, the lease holder(s) of the above-named property, understand a bill will be issued in my/our name and I/we are committing 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.

Move in date: \_\_\_\_\_

**\*\*\*Monitor your water usage with AquaHawk. To register, visit: <https://maumoh.aquahawk.us/>\*\*\***

**\*\*\*Sign up for Paperless Billing: [www.maumee.org](http://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 certify the above information is true and correct and agree to the terms of this contract.

LANDLORD:		LEASE HOLDER(S)	
Print Name		Print Name	
Signature		Signature	

Phone		Phone	
Address		Print Name	
Email		Signature	
Phone		Date	

Internal Office Use:

Confirm Prior? Balance?	Utility Service Accounts? Y/N	Income Tax Account? Y/N
Deposit Received:	Check or Card	#
Driver's License(s) Number:	1	2
Account Number:		Billing Cycle:

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Staff Signature and Date

*Revised\_09.29.23*