



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

Water/Sewer Service Application and Contract Commercial Owner

Owner 1		EIN/Driver's License#:	
Owner 2		EIN/Driver's License#:	
Service Address:			
Phone:			
Email:			
Have you previously lived in or established utility services in the City of Maumee? If yes, provide address:			
Billing Address & Contact Person:			

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 notify Utility Billing office if moving out. Will be responsible for usage until notification 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 date would you like service turned on? _____

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

*****Sign up for Paperless Billing: 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.

Owner 1:		Owner 2:	
Print Name		Print Name	
Signature		Signature	

Date		Date	
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Internal Office Use:

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

Staff Signature and Date

Revised_09.29.23