



Village of Minster

5 W. Fourth St.
P.O. Box 1
Minster, OH 45865-0001

UTILITY APPLICATION

NAME OF APPLICANT: _____
Last *First* *M.I.*

SERVICE ADDRESS: _____

MAILING ADDRESS IF DIFFERENT THAN ABOVE: _____

TELEPHONE NUMBER: _____

DATE TO START SERVICE: _____

LANDLORD'S NAME OR MORTGAGE HOLDER: _____

LAST ADDRESS LIVED AT: _____

YOUR EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

SPOUSE OR ROOMMATE INFORMATION:

NAME: _____
Last *First* *M.I.*

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

I understand that my payment is due by the 1st of each month and that a late charge of 10% will be assessed on each payment not made by the 1st of the month. Non-payment of bills, when due, will result in discontinuation of service. I also understand that my signature below represents a consent for release of information pertaining to myself or those listed on this form.

If I, my spouse, or any member of my household owes to the Village of Minster any past due, delinquent bills, all of these bills must be paid, in full, before any service is provided at the above service address. If after this service is provided it is found that such bills due exist, service will be discontinued immediately until payment is made in full.

Tenant in accordance with the Ohio Administrative Code Section 4901: 1-18-05, understands and agrees by affixing a signature to this application to the release of information regarding pending delinquencies and disconnections to the landlord/guarantor unless guarantor has waived the right to receive notice pursuant to rule 4901: 1-17-03 of the Ohio Administrative Code.

APPLICANT'S SIGNATURE: _____ Date: _____

CO-APPLICANT'S SIGNATURE: _____ Date: _____