

Office use only: Service account # _____ effective date _____

CITY OF MONROE **233 S. Main St.** **(513) 539-7374 Ext. #1002**
Utility Service Application **Monroe, OH 45050** **Fax# (513) 539-6460**

Effective Date: _____

Last Name _____ First Name(s) _____

Service Address _____

Mailing Address (if different from above) _____

Please Check One: Owner _____ Land-Contract _____ Renter _____

Name and Address of Property Owner (if Renting/Land Contract) _____

_____ Owner's Phone _____

E-Mail Address: _____

Applicant's Employer _____ Employer's Phone _____

Employer's Address _____

Residence phone number _____ Applicant's SSN _____

Co-Applicant's Name _____ Co-Ap's SSN _____

Co-Ap's Employer _____ Address _____

Applicant's Date of Birth _____ Co-Ap's DOB _____

Have you or anyone else in your household had previous service in their name in the City
of Monroe? _____ If so, where _____

The undersigned agrees to pay each month, upon proper billing, the charges for water and/or sewer, storm water and refuse service used at the rates established for the system on which the property is located. The Applicant, by signing this application, agrees to be bound by all the provisions and the Rules and Regulations adopted by the City of Monroe, Ohio, as they exist and as amended from time to time. Upon vacating the premises, the Applicant further agrees to give proper notice to the Utility Department, and all charges against said property, upon proper billing, shall be paid in full.

Applicant signature

Date