

CITY OF MANSFIELD, UTILITY COLLECTIONS
99 PARK AVE E MANSFIELD OH 44902

APPLICATION FOR WATER/SEWER SERVICE

RESIDENTAL__ BUSINESS__ REALTOR__
(please indicate which service you are applying for)

LAND OWNER INFORMATION:

CLOSING_____ ACCT#_____

NAME_____

ADDRESS_____

CITY/STATE/ZIP_____

HOME #_____ CELL #_____

SOCIAL SECURITY #_____

SERVICE ADDRESS: _____

WILL YOU RESIDE AT THE SERVICE ADDRESS ()YES () NO

EMPLOYMENT INFORMATION:

EMPLOYER_____

ADDRESS_____

CITY/STATE/ZIP_____

WORK #_____

****BY SIGNING THIS APPLICATION, I UNDERSTAND I AM RESPONSIBLE FOR ALL WATER/SEWER SERVICES RENDERED TO THE ABOVE SERVICE ADDRESS LISTED UNTIL SUCH TIME THE PROPERTY HAS BEEN SOLD.**

DATE_____

SIGNATURE_____

OFFICE INFO: FINAL_____ METER () YES () NO