

City of Mansfield Utility Collections
99 Park Ave East, Mansfield Ohio 44902

Application for Water/Sewer Service for New Owner

Residential _____ Business _____ Realtor _____
(Please indicate which service you are applying for)

Land Owner Information

Closing Date: _____ Account Number: _____

(office use)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell: _____

Social Security Number: _____

Service Address: _____

Will you reside at the service address? () yes () no

Employment Information:

Employer: _____

Address: _____

City/State/Zip: _____

Work Number: _____

***By signing this application, I understand that I am responsible for all water/sewer services rendered to the above service address listed until such time the property has been sold. ***

Date: _____ Written name of applicant: _____

Signature of Applicant: _____

Office Info: Final _____ Meter () yes () no

WHEN YOU SUBMIT YOUR APPLICATION FOR SERVICE A COPY OF YOUR PHOTO ID AND A COPY OF THE SETTLEMENT STATEMENT HAVE TO BE INCLUDED IN ORDER TO ESTABLISH SERVICE