



# CITY OF MANSFIELD, OHIO

## Jodie A. Perry, Mayor

UTILITY COLLECTIONS DIVISION  
99 Park Avenue East  
Mansfield Ohio 44902

Phone: 419-755-9670  
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# CITY OF MANSFIELD UTILITY COLLECTIONS

## Direct Billing Agreement

Account Number \_\_\_\_\_ Date \_\_\_\_\_

Service Address \_\_\_\_\_

Tenant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

(If different than service address)

Please include Zipcode \_\_\_\_\_

Date Moving In \_\_\_\_\_ Tenant's Phone Number \_\_\_\_\_

The undersigned agree that water/sewer bills for the above service address are to be mailed directly to the above tenant for payment.

This agreement is subject to the City of Mansfield's codes and regulations regarding the provision of water and sewer service.

We understand that water/sewer service is granted solely on the basis of personal information submitted as part of this agreement and we do certify that all such information is correct. We agree that this billing agreement when accepted by the City of Mansfield shall form a binding agreement governing the terms of all water and sewer services rendered to us by the City of Mansfield.

Owner:

I understand and agree that the tenants of premises covered by this agreement are to be authorized to receive water/sewer bills as agents for me. I agree to comply with property owner responsibilities as described in the Mansfield City Codified Ordinance 941.04.

I understand that the City of Mansfield will notify me by mail of any delinquencies and/or turn-off notices regarding the above account.

\_\_\_\_\_  
Owner's name (Print) Owner's mailing address & zipcode

\_\_\_\_\_  
Owner's phone Number Owner's Signature

Tenant:

I understand and agree to prompt payment of any and all water/sewer bills for the above service address that are mailed directly to me for payment during the period that I am leasing the premises covered by this agreement.

\_\_\_\_\_  
Tenant's name (Print) Tenant's signature