

CITY OF CANFIELD
104 LISBON ST
CANFIELD, OH 44406
330-533-1101 PHONE
330-533-4415 FAX
www.canfield.gov



<u>Internal Use Only</u>
Book: _____
Account: _____
Entered by: _____

AGREEMENT FOR WATER/SEWER SERVICE

SERVICE ADDRESS INFORMATION

Applicant Type: Owner Rental (If renting, please provide owner information below)

Previously lived in the City of Canfield? YES NO

Requested Service Start Date: _____

LAST NAME	FIRST NAME	MIDDLE
ADDRESS	CITY	ZIP
PHONE	ALTERNATE PHONE	EMAIL ADDRESS
DATE OF BIRTH	EMPLOYER	DRIVER LICENSE NUMBER STATE

OWNER INFORMATION (if rental)

LAST NAME	FIRST NAME	MIDDLE
ADDRESS	CITY	ZIP
PHONE	ALTERNATE PHONE	EMAIL ADDRESS

BILLING INFORMATION

The City of Canfield will send the utility bill to either the owner of the property or the occupant of the property, please indicate who should receive the utility bill. If the billing address is different than the addresses provided above please indicate the appropriate billing address.

UTILITY BILL SHOULD BE SENT TO: Owner Occupant Other (please fill out appropriate information below)

LAST NAME	FIRST NAME	MIDDLE
ADDRESS	CITY	ZIP

I (WE) THE UNDERSIGNED APPLICANT(S) FOR WATER AND/OR SEWER UTILITY SERVICE, UNDERSTAND THE TERMS AND CONDITIONS OF SUCH SERVICES AS PRESCRIBED IN THE CODIFIED ORDINANCES OF THE CITY OF CANFIELD AND AGREE TO ABIDE BY SAID PROVISIONS.

Applicant Signature

Date

Applicant Signature

Date

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