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

Internal Use Only
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 _____ **BUSINESS NAME (IF APPLICABLE)** _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ **DATE OF BIRTH** _____ **DRIVER'S LICENSE NUMBER** _____ **STATE** _____

EMAIL ADDRESS _____ ☐ **I WOULD LIKE TO BE ENROLLED IN PAPERLESS BILLING. PLEASE SEND MY UTILITY BILL TO THE EMAIL ADDRESS LISTED. (LEAVE UN-CHECKED TO RECEIVE PAPER BILLS VIA MAIL)**

PLEASE LIST ANY OTHER OWNER (SPOUSE, ETC.) LISTED ON THE PROPERTY:

FULL NAME _____ **PHONE** _____ **EMAIL ADDRESS** _____

OWNER INFORMATION (if rental)

LAST NAME _____ FIRST NAME _____ **BUSINESS NAME (IF APPLICABLE)** _____

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*