

City of New Carlisle PO Box 419 New Carlisle Ohio 45344
937-845-9492 fax 937-845-2338

FOR RESALE/LANDLORD

APPLICATION FOR WATER AND/OR SEWER SERVICE

NAME _____

ADDRESS OF PROPERTY _____

PHONE _____ 2ND CONTACT PHONE _____

BILLING ADDRESS _____

EIN # _____ DATE OF BIRTH _____

I CERTIFY I AM THE OWNER OF THE PROPERTY _____
DATE OF CLOSING _____

I CERTIFY THAT I AM THE PROPERTY MANAGER _____
OWNER OF THE PROPERTY AND ADDRESS _____

(FOR HOUSE THAT HAS BEEN EMPTY)
I AM AWARE THAT A NEW METER MAY BE NEEDED AND THE
PAYMENT WILL BE MADE BEFORE WATER IS TURNED ON _____

THERE IS A \$10 TRANSER FEE THAT IS NOT REFUNDABLE.

I HAVE READ THE INFORMATION SHEET PROVIDED.

SIGNATURE _____ DATE _____