VILLAGE OF ELIDA APPLICATION FOR UTILITY SERVICE

406 E. Main St., Elida, OH 45807 (419) 339-2811/(419) 339-3804 (FAX)

ACCOUNT NUMBER:	_EFFECTIVE DATE:
ADDRESS OF NEW SERVICE:	
NAME OF RESPONSIBLE PARTY:	
HOME PHONE:	CELL PHONE:
MAILING ADDRESS:(IF DIFFERENT FROM SERVICE ADDRESS)	SS#:
SPOUSE NAME (if applicable)	
Spouse SS#	E-MAIL
EMPLOYER:ARE YOU THE PROPERTY OWNER: [] Yes [] IF YOU ARE NOT THE OWNER, PLEASE PROVIDE THE	PHONE:] No FOLLOWING PROPERTY OWNER'S INFORMATION:
NAME:	PHONE:
MAILING ADDRESS:	
β < ∞0	CITY STATE ZIP CODE
[] Residential Operate Business in Hor	me [] Yes [] No
Type of Business:	[] Receipt of Zoning Application
[[Commercial	
Type of Business:	[] Receipt of Zoning Application
[] Outside Village Services: [] Water (Attach photo copy) COMMENTS:	(W) [] Sewer (S)
TERM AND CO The use of these services shall conform to the RULE Department. Upon signing this document, the se regarding the provision of the service.	ONDITIONS FOR SERVICE S AND REGULATIONS of the Village of Elida's Utility rvice applicant agrees to the indicated conditions
[] Acknowledge receipt of RULES AND REGULATION this booklet. Annual EPA charges are applied in April Are you interested in using our automatic bank draft seems.	each year.
Date: Applicant:	