

City of Delphos

608 N. Canal St.
Delphos, OH 45833
419-695-4010 ext. 100

Service Address: _____
Must provide proof of ownership: copy of deed

Property Owner Name: _____

Billing Address: _____

If different from Service address

E-mail address: _____

Best Number to reach you: _____ Home Work Cell

Have you had previous service from the City of Delphos Utilities? Yes No

If yes, did you own the property or rent? Owned Rented

What was previous service address? _____

Tenant Name: _____

Tenant Phone: _____ Home Work Cell

Tenant email: _____

Service Requested: Water _____ Sewer _____ Start Date: _____

IN CONSIDERATION OF RECEIVING CITY UTILITY SERVICE, YOU, THE SIGNER, AGREE TO THE FOLLOWING:

1. I/We understand that all utility bills are due and payable by the due date on the bill. 10% penalty will be applied to any current unpaid balance after that date. Alleged failure to receive bills will not constitute excuse for non-payment. No reduction in late fees or penalty will be made unless the customer can demonstrate, to the satisfaction of the utility clerk that failing to receive the bill was at the fault of the Utility provider.
2. I/We understand that non-payment of bills when due will result in disconnection of service. The City of Delphos has the right to discontinue utility services or refuse to furnish the same for non-payment, fraudulent or illegal diversions of services.
3. I/We understand that in the case where I am purchasing a property, an unpaid bill created by the former owner must be paid in full before the utilities will be transferred, and that certain charges, if not paid, can and will be certified to the County Auditor for addition to the property tax, which I will have to pay.
4. I/We understand that I/we may assign the payment of such service to a tenant of the property, but that this does not relieve me/us of the responsibility for payment in the event of non-payment by a tenant.
5. I/We understand that the City of Delphos requires a deposit for services in the amount of : **\$100** water only, **\$100** sewer only, **\$150** water and sewer, or **\$250** for Increased Risk Deposit.
6. I/We agree to comply with all rules and regulations of the City of Delphos.
7. Failure to return the signed contract within 30 days will result in termination of services.
8. Must provide photo identification.

I/We certify the above information to be true and correct and agree to the terms of this contract.

Signature 1

Signature 2

Tenant, if applicable

*****Office Use*****

Account No.: _____ Deposit waived: _____ Utility Clerk Approval: _____