

Address \_\_\_\_\_ Account Number \_\_\_\_\_

FORM UD-2 TENANT APPLICATION FOR SERVICE (also for use with Land Contracts)

**CITY OF CHILLICOTHE UTILITIES DEPARTMENT**

35 South Paint Street, Suite A, Chillicothe, Ohio 45601

Phone: (740)773-2191 / Fax: (740)773-2191

This agreement is subject to By-Laws, Regulations and/or codified Ordinances of the City of Chillicothe regarding the provision of water/sewer services as authorized by Section 743.01 et seq. of the Ohio Revised Code.

I hereby make application to the City of Chillicothe Utilities Department for water/sewer service. I understand that water/sewer service is granted solely on the basis of the personal information submitted as part of this agreement and I do certify that such information is correct. I agree that this application for service, when accepted by the City of Chillicothe, shall form a binding agreement governing the terms of all water/sewer/garbage service rendered to me by the City of Chillicothe.

I hereby make application for water/sewer service at property located at \_\_\_\_\_, Chillicothe, Ohio. The property is owned by \_\_\_\_\_, whose mailing address is \_\_\_\_\_.

I hereby certify that I am authorized to make application for service at said property as a tenant or other lawful occupant. **In the event I do not present a copy of my rental agreement for review by the Utilities Department or my rental agreement is not in writing, I understand that the property owner must acknowledge my right to occupy the property by signing the reverse side of this Application, or otherwise acknowledge my right of occupancy in writing satisfactory to the Utilities Department.** I also understand a copy of this application will be provided to the property owner.

I understand and agree to prompt payment of the water/sewer/garbage (if applicable) bills for the above service address during the period I rent/lease/occupy the property covered by this agreement. I understand that shut off proceedings will be enforced if payment is not made by the due date. I understand that I will be responsible for billings up to the time I order water off, and if I do not order water off I will be responsible for billings up to the time the Utilities Department determines that I have vacated the property. **I understand that a copy of billings for services will be sent to the property owner if I fail to pay when due.**

I further certify (check the correct response):

( ) I have previously failed to pay for water service or I am presently delinquent on an account for water service.

( ) I have not previously failed to pay for water service nor am I presently delinquent on any account or water service.

**\$100.00 Deposit may be required. Photo ID required.**

Printed Tenant Name (first, middle, last)

Printed Property Owner Name (first, middle, last)

Tenant Signature

Property Owner Address

Billing Address (if different from service address)

Telephone Number

Employer (include mailing address)

Verification of right to occupy: Lease reviewed ( )  
Form UD-2 Reverse ( ) Other attached ( )

Social Security Number

Copy sent to above property owner on \_\_\_\_\_ (Date)

Telephone Number

\_\_\_\_\_  
(Utilities Dept Representative)

Address \_\_\_\_\_ Account Number \_\_\_\_\_

\_\_\_\_\_ Date

**FORM UD-2 REVERSE: ACKNOWLEDGEMENT OF RIGHT TO OCCUPY**

**CITY OF CHILLICOTHE - UTILITIES DEPARTMENT**

**1. Account Responsibility**

Pursuant to By-Laws, Regulations and/or Codified Ordinance of the City of Chillicothe regarding the provision of water/sewer service:

**PROPERTY OWNERS SHALL BE LIABLE FOR THE PAYMENT OF BILLS FOR WATER SERVICES AT ANY SERVICE ADDRESS WHICH HAS BEEN LAWFULLY OCCUPIED BY A CONSUMER OR TENANT, REGARDLESS OF WHETHER THE CONSUMER IS A CUSTOMER WHO HAS ENTERED A CONTRACTUAL AGREEMENT WITH THE CITY TO PAY FOR UTILITY SERVICES AT THE SERVICE ADDRESS, OR IS OTHERWISE LIABLE TO PAY FOR WATER SERVICE PURSUANT TO AGREEMENT BETWEEN THE OWNER AND CONSUMER.**

The billing address for water services shall be that of the property owner unless a different address is specified by a tenant or other lawful occupant ("tenant/occupant") who enters an agreement as a "Customer", as defined in the regulations regarding water/sewer service. **The specification of an alternate billing address does not relieve the Property Owner from liability.**

Presentation by an adult tenant/occupant of a written lease agreement pursuant to which the tenant/occupant is entitled to occupy premises owned by the property owner and is responsible for the water and sewer service, shall be deemed consent of the property owner for the tenant/occupant to appear jointly on the account if the tenant/occupant enters into a contractual relationship with the City to receive and pay for utility services provided by the City.

In the event a tenant/occupant is entitled to occupy premises owned by another pursuant to an oral lease or rental agreement, the property owner must expressly acknowledge, by signing this form, that the tenant /occupant is authorized to occupy the premises and bills will be issued to him as a Customer.

**INITIAL BOXES WHICH APPLY**

[  ] Tenant/occupant \_\_\_\_\_ (name must be inserted) is authorized to occupy my property located at \_\_\_\_\_ (Address)

[  ] Tenant/occupant has disclosed that they have previously failed to pay for utilities or are presently delinquent.

IN WITNESS THEREOF, signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Witness \_\_\_\_\_

\_\_\_\_\_  
Property Owner

**(Property owner's signature must be notarized unless otherwise verified by Utilities Department personnel)  
STATE OF OHIO, COUNTY OF**

Before me, a Notary Public, in and for said County of \_\_\_\_\_, State of Ohio personally came \_\_\_\_\_, who acknowledged the signing of the foregoing to be his/her voluntary act and deed for the purposes therein expressed on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public, State of Ohio  
My commission expires: