VILLAGE OF FORT LORAMIE

RESIDENTIAL UTILITY APPLICATION AND TAX REGISTRATION

DATE:	EFFECTIVE DATE OF SERVICE_	ACCT#:	
Name of Applicant:			
Service Address:		Phone:	
Mailing Address:		Email:	
	rless billing? Yess, paperless, you will not receive a printed	No d bill. You will receive your bill via email.)	
Social Security # of Applic	cant:	_Applicant Employer:	
Spouse's Name:	Spouse's SS#:	Spouse's Employers:	
Last Address of Applicant	t:		
Have you ever had village	e utilities in your name before?		
If yes, where?			
I am renting	buyingthis property.		
If renting or leasing pleas	se provide:		
Name of Owner:	Addres	ss of Owner:	
Please list other member	rs of household 18 years of age and over:	:	
Name:	SS#:	Employer:	
I the undersigned do und	derstand and agree that:		
(2) Non-payment of bills (3) A reconnection charge (4) If I, my spouse, or any must be paid in full befor that such a bill exist, serv (5) If a payment is return applied to my account. (6) I understand that if I I (7) If renting, I understand deposit will be applied to	re any service is provided at the above service will be discontinued at once and untived, I understand there will be a fee of \$3 have 3 returned payments in a year's timed that a deposit of \$250.00 is required in the final bill when service is disconnected.	of service. anding bill before service is reconnected. age of Fort Loramie any past due, delinquent bills, ervice address and that if after this service is provice	ded it if found is greater will be rd for a year. ar interest. The
Signature of Applicar	nt:	Date:	
*****Deposit \$250_	CheckCash	EFFECTIVE OCTOBER 1,2025	