



Village of South Amherst Water Individual Questionnaire

103 W Main St. South Amherst, Ohio 44001 Phone (440) 986-2222 Ext. 1
waterclerk@southamherst.org

The information requested on this form is essential for completing our records and will be held in strict confidence.
Please provide the necessary information and return within ten days. Fill in "n/a" where not applicable.

Account Holder:

Name: _____ DOB: ____/____/____ SS#: ____-____-____

(Circle one) **TENANT** -or- **OWNER** If Owner, date of purchase: ____/____/____

Secondary Account Holder (Optional):

Name: _____ DOB: ____/____/____ SS#: ____-____-____

Service Address: _____ South Amherst, OH 44001

Mailing Address (if different): _____

Phone: _____ Alternate Phone: _____

Email: _____ Alternate Email: _____

Notification Preferences: (Circle all that apply) **Text** **Call** **Email**

Account Effective Date: _____

Previous address if located in **South Amherst:** _____

If tenant, please provide property owner information:

Name: _____ Phone Number: _____

Address: _____

By Signing this form, I certify the above information to be true and understand that falsification of information may result in termination of services and/or prosecution.

Signature

Print Name

Date

Names:

____ - ____ - ____ _____ _____ _____
Primary Social Security Number First Name Middle Last Name

____ - ____ - ____ _____ _____ _____
Spouse's Social Security Number First Name Middle Last Name

Primary date of birth: ____ / ____ / ____ Spouse's date of birth: ____ / ____ / ____

Registration for the city or village of: _____

Current Residence Address Information:

____ _____ _____ _____
Street No. Street Name Apt. /Suite # PO Box

____ _____ _____
City / Village State Zip Code

Date you moved to this address: ____ / ____ / ____ Contact Phone No. (____) ____ - ____

Do you own or rent your home? (Please check one) Own ____ Rent ____

If renting please give the Landlord's name, address and phone number _____

Previous Residence Address Information:

____ _____ _____ _____ _____ _____
Street No. Street Name Apt. /Suite # City / Village State Zip Code

Date you moved to this address: ____ / ____ / ____

Employment Information: (Check Yes or No, if retired please include date of retirement)

Are you employed? Yes ____ No ____ Is your spouse employed? Yes ____ No ____

Are you retired and/or have no taxable income? Yes ____ No ____ If Yes, date you retired: ____ / ____ / ____

Is your spouse retired and/or have no taxable income? Yes ____ No ____ If Yes, date your spouse retired: ____ / ____ / ____

Do you have income reported on Federal Schedules C, E or F? Yes ____ No ____

Does your spouse have income reported on Federal Schedules C, E or F? Yes ____ No ____

Do you and/or your spouse own rental property? Yes ____ No ____ (Please list tenant's name, address and date you began renting property. If you have multiple properties, please supply additional information on back or a separate sheet of paper.)

Tenant's First, Last Name and address: _____

Date: ____ / ____ / ____