

Village of South Amherst

Utility Individual Questionnaire

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

Subject to the rules and regulations governing the Utility Department of the Village of South Amherst, Ohio, and all ordinances and laws pertaining thereto, now in force or which shall later become in force, the undersigned hereby makes application of water services to be turned on for use and hereby agrees to become responsible for and make prompt payment of water charges connected therewith. Owner assumes responsibility for all water charges at said premises by whoever incurred. Landlords are responsible for all charges incurred and unpaid by tenants. Owners and or tenants are required to pay a \$100.00 deposit before start of service which must be paid by cash or check at 103 W Main St. New commercial owners or tenants are required to pay a \$200.00 deposit before start of service. The information requested in 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.

Applicant:		Co-applicant:							
Date of Birth:		Co-applicant Date of I	Birth:						
Social Security #:	•	Co-applicant SS#:							
Driver's License #	ver's License #: Co-applicant Driver's License #:								
Phone #:	none #: Alternate Phone #:								
Service Address:									
-									
Billing Address (i	f Different):								
Applicant Email:									
Notification Prefer	rences: (Circle all that apply) Text Call	Email						
Date of Service: _		_							
Do you own your	place of residence in the Vil	lage? Yes	No						
If renting, please p	provide name, address, phon	e number, and email of pro	operty owner:						
Name:	Name: Phone Number:								
Address:									
		rm, I certify the above information							
Signature		Print Name	Date						
		OFFICE USE ONLY							
			RECEIPT #:						
MAETER READING.	DECEIVED DV:	DATE DECENA	ED.						



Account Holder Signature(s)

Authorization for Direct Payment via ACH (ACH DEBIT)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. I (we) Account Holder (print) Account Holder (print) authorize the Village of South Amherst Utility Department to electronically debit my account as follows: Select One: **Checking Account** Savings Account at the financial institution (Bank) named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law. Bank Name Routing Number (first 9 digits) Account Number (second set of numbers) Amount of debit(s) or method of determining amount of debit(s). Maximum amount of approved debit not to exceed \$_____. Your payment will be debited from your account on the 20th of every month. If the 20th of the month falls on a weekend/holiday it will be debited the following business day. I (we) understand that this authorization will remain in full force and effect until I (we) notify the Village of South Amherst Utility Department in writing and/or in person that I (we) wish to revoke this authorization. I (we) understand that The Village of South Amherst Utility Department requires at least 30 days to terminate said withdrawals. Account Holder Signature(s) Date

> Return form to the Water Clerk at: Email: waterclerk@southamherst.org

Date

Or SAU – Clerk 103 W. Main St. South Amherst OH 44001 **FORM** 75

Regional Income Tax Agency Individual Registration Form



800.860.7482 TDD 440.526.5332 ritaohio.com

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	of:			
Current Residence Address Info	ormation:			
Street No. Street Name		Apt. /Suite #	PO Box	
City / Village	State	e Zip Code		
Date you moved to this address:	//C	Contact Phone No. (
Do you own or rent your home? (Plea	ıse check ✓ one) Owr	n Rent		
If renting please give the Landlord's 1	name, address and pho	one number		
Previous Residence Address Info	ormation:			
Street No. Street Name	Apt. /Suite #	City / Village	State	Zip Code
Date you moved to this address:	///			
Employment Information: (Checl	Yes or No, if retired	l please include date of retir	rement)	
Are you employed? Yes No	Is your spo	ouse employed? Yes	No	
Are you retired and/or have no taxable	e income? Yes N	Io If Yes, date you retir	ed:/	/
s your spouse retired and/or have no	taxable income? Yes	No If Yes, date yo	our spouse retired	://
Do you have income reported on Fede	eral Schedules C. E or	F? Yes No		
Does your spouse have income reporte		CONTRACTOR OF THE PARTY OF THE	O	
Do you and/or your spouse own rental renting property. If you have multiple	property? Yes	No [(Please list tenant	s name, address on back or a sepa	and date you be
Tenant's First, Last Name and addr	ess:			
		Dat	te:/	/
il form to: RITA			Call:	800.860.7482, ext