



## Owner / Tenant Account Information Verification Form

PLEASE PRINT

Owner       Tenant

Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from service address)

Cell: \_\_\_\_\_ Other: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Approved additional person(s) on this account:

\_\_\_\_\_, \_\_\_\_\_,  
(Name/Phone) (Name/Phone)

Have you had previous service with the City of Miamisburg?    Yes       No

If checked Tenant, please fill out the below information.

Owner Name: \_\_\_\_\_ Contact: \_\_\_\_\_

### Property Owners

I, owner of the above real estate in the City of Miamisburg, do hereby guarantee payment in full, upon presentation, of any and all unpaid bills for refuse, water and sewer service supplied to my tenant(s) at the above property. I understand that I have the right to check with the utility billing office at any time regarding the balance due on this account. I also agree to conform to all rules and regulations that are now in force or may be hereinafter enacted concerning the use and payment for the utilities furnished by the City of Miamisburg, Ohio, in accordance with City Ordinances 5756 (refuse), 6464 (water) and 6465 (sewer).

**Water Billing Department**  
10 North First Street \* Miamisburg, OH 45342  
Phone: (937) 847-6460 Fax: (937) 847-6430  
E-mail: [waterbilling@cityofmiamisburg.com](mailto:waterbilling@cityofmiamisburg.com)