

City of Streetsboro

Water Billing Department

Mailing address : 9184 State Route 43, Streetsboro, OH 44241

Temporary physical address: 555 Frost Road, Streetsboro, OH 44241

Office Hours: Monday - Friday 8:15am - 4:15pm Phone: 330-626-4942 Fax: 234-284-8330

Linda Hartman | ext. 6106 | lhartman@cityofstreetsboro.com Evangeline Makar | ext. 4112 | emakar@cityofstreetsboro.com



SERVICE CONTRACT

I, the undersigned, _____ hereinafter called
(please print)

“the Owner”, of the premises located at _____
(address) (apt. #)

Streetsboro, Ohio 44241 do hereby contract with the City of Streetsboro for water supply to a building,
occupied at above address, located on said premises, and not elsewhere.

In consideration of the furnishing of said water supply, the Owner agrees to pay for said service at the regular
rates as they are now established or may be revised, starting _____, 20____ and continuing until
such time as notice is given by Owner in writing, to discontinue the supply.

To be eligible for the Senior (65) or Disability discount you need to bring the following: Copy of the Portage

County Real Estate Tax Bill showing Homestead Reduction and a copy of your drivers license with your ad-
dress on it.

THIS SIGNED CONTRACT MUST BE RETURNED TO THE CITY OF STREETSBORO
WATER DEPARTMENT IN ORDER TO CONTINUE WATER SERVICE

Signed: _____ Phone No: _____

Mail bills to: _____

Accepted in City of Streetsboro Water Department

By: _____ Date: _____

Acct. No: _____

Senior Discount

Landlord Name _____

Landlord Address _____

Landlord Phone No.: _____

Water Department

ID Number _____

Beginning Read: _____

Date: _____

Utility Worker: _____