

APPLICATION AND AGREEMENT FOR
COMMERCIAL/ INDUSTRIAL
WATER/SEWER/STORMWATER/REFUSE SERVICES
WILMINGTON UTILITY BILLING
DEPARTMENT
69 N South Street
Wilmington OH 45177
(PH) 937-382-5711
Website: wilmingtonohio.gov
[Email: wateroffice@wilmingtonohio.gov](mailto:wateroffice@wilmingtonohio.gov)

Date: _____ Effective Date: _____ Account Number: _____

Section I Applicant Information (If applicant is not the property owner, please complete section II)

Applicant's Name: _____ Company Name: _____

Contact for Billing Questions and Emergencies _____ Phone Number _____

Service Address _____

Billing Address if different than service address: _____

Section II Property Owner Information

Owner of Property _____

Owner's Address _____ Phone Number _____

Agreement: I, the undersigned, hereby make application to the Wilmington Utility Billing Department for services. I agree to pay for such services at the same rates in effect, or as amended from time to time, as established by Ordinances adopted by the legislative authority of the City of Wilmington. I agree to abide by all the rules and regulations of the Utility Billing Department, as set forth in Chapter 927 of the Codified Ordinances of the City of Wilmington, which are incorporated herein and made a part hereof. I agree to use such services for my own purposes and not to sell any part of same or permit its use for any other purpose: I agree that duly authorized agents and employees of the Utility Billing Department shall have access to my premises at all reasonable hours for the purpose of reading meters, installation or removal of meters and for inspection of equipment incident to carrying out this agreement. I further agree to hold the City of Wilmington Utility Billing Department, the City of Wilmington and its agents, officials and employees harmless from any and all claims and demands alleged for loss, injury or damage to property or persons arising out of the delivery of services beyond the point of metering. I as the renter also agree to give said Utility Billing Department written notice forty-eight hours prior to when I cease to occupy said premises and desire service to be discontinued. In the event of my failure to comply with any of the terms and conditions of this agreement, I **AGREE THAT SAID UTILITY BILLING DEPARTMENT OR ITS REPRESENTATIVES, MAY DISCONTINUE SERVICE HEREUNDER WITHOUT FURTHER NOTICE TO ME, AND THAT SUCH DISCONTINUANCE WILL NOT CONSTITUTE WAIVER OF ANY CLAIMS AGAINST ME FOR PRIOR SERVICE RENDERED HEREUNDER BY SAID UTILITY BILLING DEPARTMENT. I UNDERSTAND THAT SAID UTILITY BILLING DEPARTMENT MAY NOTIFY THE OWNER OF PROPERTY IF DISCONNECTION FOR NON-PAYMENT IS PENDING, AND MAY PROVIDE UPON REQUEST MY PAST AND/OR PRESENT PAYMENT HISTORY.**

APPLICANT'S SIGNATURE

Upon failure of the within named applicant to pay all water, stormwater and sewer charges incurred at, or upon, the premises above described, I agree upon notice (Pursuant to the Ohio Revised Code) to pay the within named Wilmington Utility Billing Department for said charges. Such charges not paid within sixty days from the date due shall constitute delinquent charges and the City Auditor shall certify to the County Auditor all unpaid delinquent charges for collections allowed by law in the same manner as other taxes and assessments.

Owners of property are entitled to inquire at the Utility Billing Department for payment history of potential applicants.

AUTOMATIC TRANSFER YES ☐ NO ☐

By checking YES to AUTOMATIC TRANSFER, the owner is giving the Utility Billing Office permission to automatically transfer this property back to the owner, once notice is received from tenant that they will no longer occupy this property and requested a final bill.

OWNER'S SIGNATURE

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Section III

Building Use

☐ Commercial _____
Describe Use

☐ Industrial _____
Describe Use

Section IV

Water/Sewer Service

New Construction **Detailed Drawings of Plumbing are required to be submitted with this application. Tap fees must be paid and required inspections, including backflow inspection must be completed before water service will be turned on.**

Size: 1" ☐ 1-1/2" ☐ 2" ☐ 3" ☐ 4" ☐ 5" ☐ 6" ☐ 8" or larger ☐

Use of Service: Domestic ☐ Fire Suppression (Private Hydrants) ☐
Irrigation ☐ Fire Suppression (Sprinkler System) ☐
Other _____

Existing Service **(No changes to existing plumbing since acquiring the property.)**

☐

Existing Service **Changes have been made since acquiring the property. Required Inspections must be completed before water service will be turned on.**

☐

Provide a brief description of changes to plumbing. _____

Section V

Cross Connection/ Backflow Prevention Device

All Commercial Water service including domestic, process and fire suppression water services require a testable backflow assembly to be installed, tested and maintained.

An initial backflow survey must be scheduled with the Utility Billing Office and completed by an authorized Individual prior to setting of the water meter.

Approved backflow survey form must be used to document backflow survey.

The survey form and site drawings are stored in the backflow file folder for the site.

For office use only

Name of person completing Backflow Survey: _____ Date: _____

Name of person completing Service Inspection _____ Date: _____

Site Drawings Received Y ☐ N ☐

Meter Location _____ Shutoff Location _____

Meter and Tap Fees have been collected? Yes ☐ Amount Collected \$ _____
See fee schedule (subject to change)

Name of person who collected Fees: _____ Date: _____

Billing Codes used for creating this account.

Name of person creating this account: _____ Date: _____

