

## APPLICATION FOR MONTPELIER MUNICIPAL UTILITY SERVICE

Owner/Occupant    Residential Landlord    Residential Tenant    Land Contract

For Departmental Use Only

Account Number: \_\_\_\_\_

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

Work Order #: \_\_\_\_\_

Deposit #: \_\_\_\_\_

Lease/Deed: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Check Index: \_\_\_\_\_ Due Dates info.: \_\_\_\_\_

Deposit Agreement: \_\_\_\_\_

Income Tax Form: \_\_\_\_\_

### PROPERTY INFORMATION

\_\_\_\_\_  
Address of location at which service is requested

\_\_\_\_\_  
Names and ages of all residents at the service location

\_\_\_\_\_  
Date occupancy began or is anticipated to begin

### APPLICANT INFORMATION

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Most Recent Prior Address

\_\_\_\_\_  
Applicant's Billing Address

\_\_\_\_\_  
Applicant's Email Address

\_\_\_\_\_  
Applicant's Phone Number

\_\_\_\_\_  
Preferred Contact Method

\_\_\_\_\_  
Applicant's Date of Birth

\_\_\_\_\_  
Applicant's Driver's License Number

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Applicant's Employer

**CO-APPLICANT INFORMATION**

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Name of Co-Applicant

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Most Recent Prior Address

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Co-Applicant's Billing Address

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Co-Applicant's Email Address

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Co-Applicant's Phone Number

---

Preferred Contact Method

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Co-Applicant's Date of Birth

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Co-Applicant's Driver's License Number

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Co-Applicant's Social Security Number

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Co-Applicant's Employer**In case of emergency, who shall we contact:**

Name &amp; Number: \_\_\_\_\_

Alternate Name &amp; Number: \_\_\_\_\_

**LANDLORD INFORMATION (if applicable)**

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Name of Landlord

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Address of Landlord

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Phone Number of Landlord

As the legal land owner, any change of occupancy/ownership shall be your responsibility for notification to the Utility Department and there will not be any lapse in time of your responsibility.

## SECURITY DEPOSIT INFORMATION

The Standard Security Deposit is due at the time of Application for Utility Service. As set forth in the Utility Procedures Section 4.00-4.04, the Utility Department reserves the right to collect a deposit at any time.

### **IMPORTANT NOTICES (all responsible parties please read and initial, including, if applicable, landlord)**

1. If you anticipate ever renting the property to a third party, or otherwise anticipate any changes in occupancy, you have a continuing obligation to advise the Utility Department of any changes in the occupancy of the premises, and the identity and mailing address of new tenants and/or occupants. \_\_\_\_\_
2. Falsification of information on this application may be cause for termination of utility service. \_\_\_\_\_
3. By signing this application you are authorizing the Utility Department to contact your prior utility service for credit information. \_\_\_\_\_
4. Utility services can be discontinued if you fail to pay your account balance by the designated date. \_\_\_\_\_
5. Past due balances which are not covered by a security deposit or go uncollected will be posted as a lien against the property, taken to small claims, or sent to a collection agency. \_\_\_\_\_
6. The Montpelier Municipal Utility takes its customers identity information very seriously and has adopted and implemented Red Flag Rules in an effort to protect its customers. These Rules do not prohibit the Montpelier Municipal Utilities from aiding Landlords in maintaining their properties, locating previous tenants who may owe a delinquent utility bill, aiding tenants in contacting their landlord, nor does it prohibit the Montpelier Municipal Utilities from giving out credit history for its customers. \_\_\_\_\_

**By signing and initialing this application, you hereby agree to abide by the Utility Regulations of the Montpelier Municipal Utilities.**

\_\_\_\_\_  
Signature of Applicant/Date

\_\_\_\_\_  
Signature of Landlord (if applicable)

\_\_\_\_\_  
Signature of Co-Applicant/Date

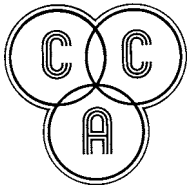
\_\_\_\_\_  
Signature of Department Representative

Application Accepted: \_\_\_\_yes \_\_\_\_no

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

*A complete set of the utility rules and regulations can be found at [www.montpelieroh.net](http://www.montpelieroh.net)*





# INDIVIDUAL REGISTRATION CCA – MUNICIPAL INCOME TAX

205 W Saint Clair Ave  
Cleveland OH 44113-1503

Phone: 216-664-2070, 1-800-223-6317  
www.ccatax.ci.cleveland.oh.us

Move in Date: \_\_\_\_\_ Phone No \_\_\_\_\_

Primary Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Spouse Social Security No. \_\_\_\_\_

Primary Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Prior Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Lived at prior address: From \_\_\_\_\_ To \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### LIST ALL OTHER RESIDENTS IN HOUSEHOLD (AGE 18 OR OVER)

NAME	AGE	SOCIAL SECURITY NO	CITY WHERE EMPLOYED
_____	_____	_____ - _____ - _____	_____
_____	_____	_____ - _____ - _____	_____
_____	_____	_____ - _____ - _____	_____
_____	_____	_____ - _____ - _____	_____

### EMPLOYMENT (GIVE NAME AND ADDRESS OF EMPLOYER(S))

INDICATE WHETHER FOR YOURSELF OR SPOUSE FOR THE LAST TWO (2) YEARS. SHOW LAST JOB FIRST

COMPANY NAME	ADDRESS/CITY	SELF	SPOUSE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

### CHECK OTHER SOURCES OF INCOME:

RENT  SOC.SEC.  PENSION  SELF-EMPLOYED  OTHER  \_\_\_\_\_

TRADE NAME AND ADDRESS IF SELF-EMPLOYED \_\_\_\_\_

*If registration is for employers or business,  
you must also complete the Business Registration form.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The above signed declares that this statement is true and correct.