

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

Name of Co-Applicant

Most Recent Prior Address

Co-Applicant's Billing Address

Co-Applicant's Email Address

Co-Applicant's Phone Number

Preferred Contact Method

Co-Applicant's Date of Birth

Co-Applicant's Driver's License Number

Co-Applicant's Social Security Number

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

Name & Number: _____

Alternate Name & Number: _____

LANDLORD INFORMATION (if applicable)

Name of Landlord

Address of Landlord

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)

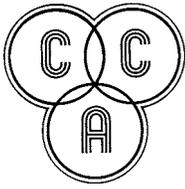
Signature of Co-Applicant/Date

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



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.