

CITY OF LORAIN OHIO UTILITIES DEPARTMENT
OWNER'S INFORMATION SHEET

Service Address: _____

Account #	Customer #	INITIALS
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Name: _____

If business, owner's name or contact person:

Mailing Address: _____

Title Company: _____

SS# _____ Work phone# _____

Home/cell phone #: _____ Email: _____

Owner Occupied _____ or Rental Property _____ Moved in date: _____

The undersigned owner or managing agent for the owner shall be liable for any and all other services, repairs, and damages which in accordance with the Rules & Regulations are the responsibility of the property owner. Signing this form by a customer for water or sewer service shall in no case be deemed to constitute a waiver by the customer of any rights or privileges granted or guaranteed to him/her by the laws or constitution of the state of Ohio or by those of the United States.

Authorized signature: _____ Date: _____

FOR OFFICE USE ONLY

WATER/SEWER: _____ TRASH: _____ STORM: _____ KEYED READ: _____

RENTAL: Y OR N WATER/SEWER RATE CODE: _____ REFERENCE: _____

Picture ID