

CITY OF LORAIN OHIO UTILITIES DEPARTMENT
OWNER'S INFORMATION SHEET

Service Address: _____

| | |
|------------|-------------|
| Account #: | Customer #: |
|------------|-------------|

Name: _____

If business, owner's name or contact person:

Mailing Address: _____

SS# _____ Work phone# _____

Cell phone #: _____ Email: _____

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

Title Company: _____

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.

Authorized signature: _____ Date: _____

FOR OFFICE USE ONLY

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

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

Picture ID