



## Utility Application – Village of New Knoxville

101 S Main St, PO Box 246, New Knoxville, OH 45871  
419-753-2160 - Fax 419-753-2119

Service Address	Effective Date of Service	Account #

<b>MUNICIPAL UTILITIES APPLIED FOR</b>			
<b>RESIDENTIAL</b>	<input type="checkbox"/> WATER	<input type="checkbox"/> SEWER	<input type="checkbox"/> REFUSE
	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> ELECTRIC HEAT	
Utility Deposit to be collected: <input type="checkbox"/> \$300 Renter/Land Contract <input type="checkbox"/> \$0.00 Owner			
NOTE: Deposit payable by check, cash, or money order only.			
<b>COMMERCIAL / INDUSTRIAL</b>			
<input type="checkbox"/> \$400 General Service/Large Power Renter	<input type="checkbox"/> GENERAL SERVICE	<input type="checkbox"/> LARGE POWER	Utility Deposit \$ _____

**Applicant** \_\_\_\_\_

Home Phone - \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

SS# \_\_\_\_\_ E-mail Address \_\_\_\_\_

Photo ID Provided:     Driver's License     College ID     Military ID     Other

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

**Co-Applicant** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

SS# \_\_\_\_\_ E-mail Address \_\_\_\_\_

Photo ID Provided:     Driver's License     College ID     Military ID     Other

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you would like to have your bill emailed, please check box and provide email address: (Bill can only be VIEWED - Cannot pay online.)

\_\_\_\_\_

**Are you BUYING this property?**  (Please provide proof of purchase, i.e. title, deed, or bill of sale.)

**Or RENTING this property?**  (If renting please provide Landlord information.)

Name of landlord(s) \_\_\_\_\_ Address \_\_\_\_\_

Phone number \_\_\_\_\_

Continue to Reverse Side for Required Signature

**I, THE UNDERSIGNED DO UNDERSTAND AND AGREE THAT:**

1. All utility bills are due and payable TO THE DEPARTMENT OF UTILITIES by the 15<sup>th</sup> of the month billed. A 10% penalty is added to all late bills.
2. Non-payment of bills when due will result in discontinuance of service.
3. Service will not be restored until the entire amount due the Village plus a **\$20 reconnect fee** is paid, \$50 if after regular business hours.
4. Non-Sufficient Funds charge for checks is **\$25**.
5. That if I, my spouse, or any member of my household owes to the Village any past due, delinquent bills, all of these bills must be fully paid before any service is provided at the above service address, and that if, after this service is provided, it is found that such bills do exist, service will be discontinued at once and until payment of such is made in full.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

**TO BE SIGNED BY OFFICE PERSONNEL**

The Village of New Knoxville, New Knoxville, Ohio hereby acknowledges receipt of \$ \_\_\_\_\_ into the Guarantee Deposit Fund from the above applicant for service address applied for.

CASH     CHECK # \_\_\_\_\_

Or deposit of \$ \_\_\_\_\_ is to be transferred from (former address) \_\_\_\_\_ to service address applied for.

**“Owners of Commercial Property:** The Utility shall have a reasonable time in which to ascertain that the obligations of the Consumer have been fully performed before returning any deposit. Said deposit shall be credited to the Consumer’s account when payments have been made by the due date on twelve (12) consecutive months, unless the Consumer’s account has been terminated. Where the account has been terminated, any remaining deposit not used to credit the account shall be directly reimbursed to the Consumer within thirty (30) calendar days.

**Renters of Residential and Commercial Property:** The Village of New Knoxville shall have a reasonable time in which to ascertain that the obligations of the Consumer have been fully performed before returning any deposit. When the account ends or terminates, any remaining deposit not used to credit the account shall be directly reimbursed to the Consumer within thirty (30) calendar days.

**No interest shall be paid on deposits.”**

**§ O-2008-04-02**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_