

INSTRUCTIONS

The following items must be submitted with the application for service to commence. Failure to complete and submit the required documents may result in delay of service.

FOR RENTALS:

A copy of a current photo ID (if submitting the application electronically, the photo ID copy may be submitted directly to the water and sewer billing office)

A copy of the rent lease agreement

\$150.00 deposit (applies only to lessee and must be paid at the water and sewer billing office)

FOR HOMEOWNERS:

A copy of a current photo ID (if submitting the application electronically, the photo ID copy may be submitted directly to the water and sewer billing office)

Proof of purchase of property (ex. Copy of deed) – No deposit is required

Both forms below are necessary to set up an account for water and sewer within Waverly

- Complete the first page in its entirety and return to the water and sewer billing office with the necessary material required from above. For assistance or questions regarding the form, contact the water and sewer billing office at 740-947-4888
 - Complete the second page in its entirety and return to the tax department. For assistance or questions regarding the form, contact the tax department as 740-947-8177
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Waverly Water & Sewer Department

211 West North Street • P.O. Box 228 • Waverly, Ohio 45690

Contract - Application for Service

No. _____

Date _____

Name (print) _____

Service Address _____

Have you ever applied for service with the City of Waverly before? Yes No

If yes, what service address? _____

Responsible Renter _____ Homeowner _____ Phone Number _____

If you marked Homeowner, please fill out Section A. Please use back if necessary. If you marked Responsible Renter, please fill out Section B.

SECTION A - HOMEOWNER

Do you reside at this service address? Yes No

If no, please print name of Responsible Renter _____

SECTION B - RESPONSIBLE RENTER

If you are the Responsible Renter, please fill out _____

Property Owner Co-Signs (Deposit Waived)

Name of Homeowner _____

Address of Homeowner _____

City _____ State _____

Phone Number (if known) (_____) _____ - _____

I the undersigned, hereby agree to pay any and all fees due the City of Waverly for services rendered. I also agree to follow any and all rules governing the City of Waverly Utility Dept. Subject to the rules and regulations now in force, or which may hereinafter be adopted by it, and which I agree shall form a part of this contract with the same affect as if written herein and operating as covenants and conditions hereof:

••(Deposit - \$150.00)

Signature of Customer

•• Renter, Lease, or Land Contract (No Deposit - Property Owner)

Deposit will be refunded after service is disconnected and final bill is deducted!

No.

Water & Sewer Deposit Cash Receipt

Waverly, Ohio _____ 20____

Received From _____

Dollars

\$ _____

CITY OF WAVERLY INCOME TAX QUESTIONNAIRE

Legal Name _____ S.S. No. _____ D.O.B. _____
FIRST MI LAST

Spouse's Name _____ S.S. No. _____ D.O.B. _____
FIRST MI LAST

Please list other members of your household who are *over 16* years of age below:

_____ S.S. No. _____ D.O.B. _____
 _____ S.S. No. _____ D.O.B. _____
 _____ S.S. No. _____ D.O.B. _____

If you are a new resident, address you are moving: _____ Move In Date _____
 If you already live in Waverly but never registered with Tax Office, list address and move in date below.

Have you lived in Waverly before? If so, where? _____ When _____

If you are renting, list name and address of landlord _____
 If you own the property, who was the previous owner? _____
 Date you purchased property? _____

EMPLOYMENT INFORMATION (Full or Part-time) List everyone who is employed

Employer's Name

Self: _____ Gross Yearly Income _____
 Does your employer withhold income tax? _____ If so, where? _____ D/E

Spouse: _____ Gross Yearly Income _____
 Does your employer withhold income tax? _____ If so, where? _____ D/E

Other(s) _____ Gross Yearly Income _____
 Does your employer withhold income tax? _____ If so, where? _____ D/E

Retired Social Security Disabled Temp or Perm. Unemployed OWF/ADC
 Effective Date _____

IF ANY MEMBER OF HOUSEHOLD OWNS RENTAL PROPERTY PLEASE COMPLETE:

Name of Rental Property Owner _____
 Address of Rental Property _____ Date Acquired Rental _____

I have been advised of my tax obligation and have had an opportunity to ask questions. By signing this questionnaire I agree to comply with the income tax ordinance. I have received a copy of the Waverly Tax Facts.

Signature Date Phone E-mail

Signature Date Phone E-mail