

**MUNICIPALITY OF WEST MILTON**

701 S. Miami Street  
West Milton, Ohio 45383

Account No. \_\_\_\_\_

**Contract With Water, Sewer and Refuse Customer**

CHECK ALL THAT APPLY:  New Resident  Current Resident  New Business  Home Owner

**Please Print**

Name(s) \_\_\_\_\_ Date of Occupancy \_\_\_\_\_

\_\_\_\_\_ Number of Occupants \_\_\_\_\_

Address \_\_\_\_\_ or Vacant  Yes  No

Phone # \_\_\_\_\_

**Employment**

Name \_\_\_\_\_ Place \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Place \_\_\_\_\_ Phone # \_\_\_\_\_

**Billing Address:**

(If different from service address)

Street Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Have you had previous service in West Milton before?  Yes  No

If so, please fill in the following information:

Name \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_

If Tenant, Please Complete:

Owner Name \_\_\_\_\_ Phone# \_\_\_\_\_

**WATER/SEWER:** Subject to the Rules and Regulations governing the water systems of the Municipality of West Milton, Ohio, and all Ordinances and Laws pertaining thereto, now in force or which shall later become in force, the undersigned hereby makes application for water to be turned on for use at the premises known on the records of the Department of Service. Service WILL BE DISCONTINUED if the charge is not paid by the date reflected on the SHUTOFF NOTICE. (The Municipality, by law, cannot excuse customers from prompt payment of charges.) An "off and on" charge of twenty dollars (\$20.00) within the Municipality and twenty-five (\$25.00) outside the Municipality will be charged to have service restored. In as much as all charges reflect to the property and preference to the owners. I/We agree to notify the Municipality of West Milton immediately upon the completion of any change in Ownership or title on the property in question.

**REFUSE/RECYCLING:** Mandatory refuse and recycling has been in effect since 1990. This requires all residential units to utilize the residential permittee for their refuse and recycling needs. Waste Management (1-800-343-6047) is the residential permittee for West Milton. As the undersigned, I/We agree to follow the rules, regulations and ordinances.

**Witnessed:**

Municipality Official's Initials \_\_\_\_\_

Owner Name \_\_\_\_\_

Tenant \_\_\_\_\_

Date \_\_\_\_\_