



City of Wapakoneta
 701 PARLETTE COURT P.O. Box 269
 Wapakoneta, Ohio 45895
 Phone: (419)738-3011 Fax: (419)738-4762
<http://www.wapakoneta.net>

Service Address		Account Number	
Street Number	Street Name		
Billing Address: (IF DIFFERENT FROM SERVICE ADDRESS)			
Start Date:	Service Class: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial		
Services to be Provided:	<input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Refuse		
RESIDENT / TENANT		SPOUSE / OTHER	
NAME: (LAST, FIRST, MIDDLE INITIAL)		NAME: (LAST, FIRST, MIDDLE INITIAL)	
SOCIAL SECURITY NO. OR FEDERAL ID:		SOCIAL SECURITY NO. OR FEDERAL ID:	
NAME AND ADDRESS OF APPLICANT'S EMPLOYER:		NAME AND ADDRESS OF SPOUSE / OTHER'S EMPLOYER:	
HOME PHONE:	CELL PHONE:	HOME PHONE:	CELL PHONE:
EMAIL ADDRESS:		EMAIL ADDRESS:	
NAME OF OTHER HOUSHOLD MEMBERS OVER THE AGE OF 18 AND WHERE THEY ARE EMPLOYED:			
ARE YOU THE PROPERTY OWNER: <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO: <input type="checkbox"/> RENT <input type="checkbox"/> LAND CONTRACT	
RENTAL PROPERTY OWNERS:			
NAME:	ADDRESS:	PHONE NUMBER:	

IN CONSIDERATION OF RECEIVING CITY UTILITY SERVICES, YOU, THE SIGNER, AGREE TO THE FOLLOWING:

1. All Utility bills are due and payable by the 10th of each month. Alleged failure to receive bills will not constitute excuse for non-payment. No reduction in late fees or penalty will be made unless the customer can demonstrate, to the satisfaction of the Office Manager, that failing to receive the bill was at the fault of the Utility provider.
2. Non-payment of bills when due will result in disconnection of service. The City of Wapakoneta has the right to discontinue Utility services or refuse to furnish the same for non-payment for any Utility bill owed, fraudulent or illegal diversions of services, and for any other reasons allowable by rules and regulations set forth in the Ordinance of the City of Wapakoneta.
3. That in the case where I am purchasing a property, and unpaid bill created by the former owner must be paid in full before the Utilities will be transferred, and that certain charges, if not paid, can and will be certified to the County Auditor for addition to the property tax, which I will have to pay.
4. That if I, my spouse, my tenant, or any other member of my household owes to the City of Wapakoneta any past due, delinquent bills of any type they must be paid in full before any service will be provided. If such service is provided and it is found out that such bills do exist, service will be disconnected at once until bill has been paid in full.
5. RETURN OF DEPOSITS: Upon disconnection of service, any deposit made to the above address will be applied to the final bill, or by issuance of a refund check, or both.

APPLICANT'S SIGNATURE	DATE
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CITY OF WAPAKONETA INCOME TAX

701 Parlette Court – PO Box 269

Wapakoneta, OH 45895

Official Income Tax Information Questionnaire

PLEASE PRINT CLEARLY:

PRIMARY

SPOUSE/OTHER

NAME: _____

NAME: _____

SS #: _____

SS #: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

CELL #: _____

CELL #: _____

EMAIL: _____

EMAIL: _____

EMPLOYMENT INFORMATION:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

IF RETIRED, PLEASE INDICATE DATE:

DATE: _____

DATE: _____

DO YOU HAVE OTHER INCOME: YES _____ NO _____

IF YES, PLEASE LIST: _____

DO YOU HAVE RENTAL INCOME: YES _____ NO _____

IF YES, PLEASE LIST RENTAL PROPERTY ADDRESSES BELOW:

LIST ANY PERSONS LIVING WITH YOU OVER THE AGE OF 16:

NAME	SSN	EMPLOYER	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature _____ Date _____ Signature _____ Date _____

This information requested on this form is essential for the completion of our records and will be kept confidential.



COMMERCIAL UTILITY SERVICES

ONLY COMPLETE THIS FORM IF YOU ARE APPLYING FOR UTILITIES ON A NEW OR EXSITING COMMERCIAL PROPERTY.

PROPERTY ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

PROPERTY OWNER:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS NAME: _____

ARE YOU RELOCATING FROM A DIFFERENT LOCATION? YES _____ NO _____

If yes please list: _____

PLEASE GIVE DESCRIPTION OF BUSINESS:

THE PROJECT:

New Construction ____ Addition ____ Remodeling ____ No New Work ____ Other _____

PLEASE READ AND INITIAL

_____ I AM AWARE I MUST CONTACT THE CITY OF WAPAKONETA ENGINEERING DEPT. PRIOR TO TAKING OCCUPANCY OF SPACE IN A BUILDING EVEN IF NO STRUCTURAL CHANGES ARE MADE TO THE STRUCTURE TO OBTAIN A ZONING CERTIFICATE.

_____ I AM AWARE PRIOR TO CONSTRUCTING, DEMO, ADDING TO, ALTERING OR REMODELING ANY STRUCTURE I MUST OBTAIN BUILDING PERMITS FROM THE CITY OF WAPAKONETA ENGINEERING DEPT.

_____ I AM AWARE NO CONTRACTOR IS PERMITTED TO WORK ON ANY STRUCTURE WITHOUT BEING REGISTERED WITH THE CITY OF WAPAKONETA.

APPLICANT SIGNATURE: _____ DATE: _____