

For Office Use Only: Cycle \_\_\_\_\_ Route \_\_\_\_\_ Loc ID \_\_\_\_\_

**APPLICATION AND CONTRACT OF THE  
CITY OF SPRINGFIELD WATER DEPARTMENT**

The undersigned being the owner / or duly authorized agent of the property  
at (Street Number and Name) \_\_\_\_\_ does  
**PLEASE PRINT**

hereby apply for water service and / or sewer for said property.

In the event this application for water and sewer service is accepted and furnished by the Water Department of the City of Springfield, Ohio, I hereby agree to conform to and abide by the laws, rules and regulations and/or any order of said department, as the same are, or may hereafter be, established or issued and to have the City install any meter, curb box shut-off valve as may be required, in the usual manner, at my expense.

In the event that any bill rendered me personally or left at the place herein described or mailed to me, at the above address, as hereinafter set forth, for such services as herein applied for, shall remain unpaid for a period of fifteen days I hereby irrevocably agree that said services may be terminated without further notice to me; that any employee or agent of said Water Department, may enter said premises to remove the meter and do any and all things necessary to be done to terminate said services, and, further, that no claim for damages whatsoever shall be made by me by reason of the aforesaid.

I also agree that the City may enter upon my property, in the event there is a water line passing through my property which services other homes, to repair said line, provided, the City shall return my property to its original condition. This agreement shall remain in full force and effect, except as herein provided, and shall not be terminated until the Water Department shall have been given written notice that said services hereunder are no longer desired. No contract for said services may be cancelled until the final bill is paid in full, except as herein provided.

Date of Purchase \_\_\_\_\_

Name \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION**

Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Employer \_\_\_\_\_

Work Number \_\_\_\_\_

Signature \_\_\_\_\_