



Please return form to: Plain City Public Utilities Department 213 S. Chillicothe St. Plain City, OH 43064  
Fax: (614) 873-9970 OR Email: rtemple@plain-city.com **ALL ITEMS MUST BE COMPLETED BEFORE A NEW ACCOUNT CAN BEGIN.**

### TENANT DIRECT BILLING AGREEMENT Water/Sewer/Refuse

Service Address: \_\_\_\_\_

Tenant: \_\_\_\_\_ Owner: \_\_\_\_\_

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The undersigned agree that water/sewer/refuse bills for the above premises address are to be mailed directly to the above tenant for payment. This agreement is subject to Village of Plain City codes and regulations regarding the provision of water/sewer service and refuse collection. **NOTE: The property owner is ultimately responsible for the payment of all water/sewer/refuse bills per Resolution No. 27-00 – Adopting Rules and Regulations Concerning the Plain City Water and Sewer Departments, Chapter III, Section 6.**

I/We understand that water/sewer/refuse service is granted solely on the basis of personal information submitted as part of this agreement and we do certify that all such information is correct. We agree that this application for service, when accepted by the Village of Plain City, shall form a binding agreement governing the terms of all water/sewer services rendered to us by the Village of Plain City and refuse collection.

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**As the property owner of the above residence, I understand and agree that the tenants of premises covered by this agreement are to be authorized to receive water/sewer/refuse bills as agents for me. I understand that the property owner is ultimately responsible for the payment of all water/sewer/refuse bills per Resolution No. 27-00 – Adopting Rules and Regulations Concerning the Plain City Water and Sewer Departments, Chapter III, Section 6.**

\_\_\_\_\_  
Property Owner's Name

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

\_\_\_\_\_  
Signature / Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-mail Address

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As tenant of the above residence, I understand and agree to prompt payment of any and all water/sewer/refuse bills that are mailed directly to me for payment during the period I am leasing the premises covered by this agreement.

\_\_\_\_\_  
Tenant's Name (please print)

\_\_\_\_\_  
Signature / Date

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

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

I want to receive my water bill electronically, provide email: \_\_\_\_\_

I want to receive the quarterly Plain City eNewsletter: Yes No Email: \_\_\_\_\_

ALL residents are automatically added to the Plain City One Call Emergency Notification List.

Circle preferred method of contact E-mail Home Cell Work

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Public Utilities Department Personnel Only: By: \_\_\_\_\_ Acct # \_\_\_\_\_ Date \_\_\_\_\_