



## Tenant Direct Billing Agreement for Water, Sewer and Refuse Collection Service

Please complete and email @ [village@plain-city.com](mailto:village@plain-city.com) or put in the drop box at 800 Village Blvd., Plain City OH 43064.

Today's Date:

Start of Service Date:

Service Address:

The undersigned agree that water/sewer/refuse bills for the above premises address are to be mailed directly to the 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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*This information may be used by the Village of Plain City for the purpose of income tax administration.*

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 Last Name:

First Name:

Mailing Address: \_

Phone #:

Email:

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 Last Name:

First Name: \_

Mailing Address:

Phone #:

Email:

☐ I want to receive my water bill electronically (provide email above)

(Signatures required on 2<sup>nd</sup> page)

PLEASE NOTE:

By selecting on E-Bill Delivery method, you are responsible for the payment of charges every month. ***Your bill must be paid, even if the following occurs:***

- *The electronic delivery was not received*
- *You have changed your E-mail address*
- *Circumstances beyond our control prevent the proper transmission of your E-Bill delivery*

Tenant Signature

Date

Owner Signature

Date

**STAFF USE ONLY**

Verified by:

Date:

Account Number: