

**VILLAGE OF DEGRAFF, OHIO**  
**AGREEMENT FOR WATER, AND SANITARY SEWER SERVICE**  
**\$168.00 Deposit is required for all new agreements**

**Today's Date:** \_\_\_\_\_

Subject to rules and regulations governing the **DeGraff Village Council, DeGraff, 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 and sewer services to be turned on for use at premises know as:

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

And hereby agrees to become responsible for and to make prompt payment of all water and sanitary sewer charges and fees connected therewith.

**ACCOUNT BILLING INFORMATION – Please Print or Type:**

**Owner/Tenant (Select one)**

**Applicant/Business Name** \_\_\_\_\_

**Joint Applicant** \_\_\_\_\_

**SSN or Tax ID#:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address: (if different from service address)** \_\_\_\_\_

**Start Date of Service:** \_\_\_\_\_ (Monday-Fridays, no weekends or holidays)

**Email Address:** \_\_\_\_\_

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Joint Applicants Signature**

**Property Owner Agreement: (only complete below section if this is a rental property)**

I understand and agree the tenants at the service address covered by this agreement are to be authorized to receive water and sewer bills as agents for me. I understand and agree that this agreement does not relieve me of property owner liability as described in Village Ordinance 2020-11, and I am responsible for all charges to the above service address, such as unpaid water and sewer charges accrued by tenants.

Once the Tenant Agreement becomes effective, I understand that I will receive copies of all bills and delinquent/shut off notices regarding the above service address. I also understand the tenants may be granted payment extensions on delinquent bills and by signing this agreement, I authorize the Village of DeGraff to grant such extensions.

\_\_\_\_\_  
Property Owner/Authorized Agent Name (Please Print)

\_\_\_\_\_  
Mailing Address for Bills and Notices

\_\_\_\_\_  
Property Owner/Authorized Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**Tenant Agreement:**

I Understand and agree to prompt payment of any and all water and sanitary sewer charges for the above service address accrued during the period I am leasing the property covered by this Tenant Agreement.

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

\_\_\_\_\_  
Tenant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

Please mail completed and signed form to: DeGraff Utility Department, PO Box 352 DeGraff, Ohio 43318 or drop off in person at 107 S. Main St., DeGraff, Ohio 43318 or fax to 937-585-9446. You may also scan and email a signed form to [utility@degraffoh.com](mailto:utility@degraffoh.com)