## SANITARY ENGINEERING DEPARTMENT



**Customer Application/Contract** 

(fax back to 937 335-4208 or email to cs@miamicountysed.com)

Name		_ Account No
Service Address		_
City	State	_Zip
Home Phone	Cell Phone	
E-mail Address		
Billing Address(If different than service address)	City	StateZip
Employer	Phone No	
Emergency Contact Person(Not living in this home)	F	Phone No
Effective Date for Service to Begin	No. of Occupa	ants
Do You Own This Property? Yes 🔲 No 🔲	If No, Name of Owner	
	Owner Phone	
By submitting this form, I/we agree to be responsito pay these bills to Miami County Sanitary Er Rules and Regulations of the N Customer/Owner is responsible to mainta acc	ngineering Department on a raliami County Sanitary Engine in the curb valve box and lessible at all times.	monthly basis, and to abide by the ering Department.  Keep the meter and remote pad
Signature		Date
Signature		Date

## **Sanitary Engineering**

visit 2200 N County Rd. 25A • Troy, Ohio 45373

web www.miamicountyohio.gov

phone 937.440.5653 fax 937.335.4208