

# SANITARY ENGINEERING DEPARTMENT



## Customer Application/Contract

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

Account No. \_\_\_\_\_

Applicant 1 \_\_\_\_\_

Applicant 2 \_\_\_\_\_

Service Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Applicant 1 Cell # \_\_\_\_\_ Applicant 2 Cell # \_\_\_\_\_

Applicant 1 E-mail \_\_\_\_\_ Applicant 2 E-mail \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(If different than service address)

Employer \_\_\_\_\_ Phone No. \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_  
(Not living in this home)

Effective Date for Service to Begin \_\_\_\_\_ No. of Occupants \_\_\_\_\_

Do You Own This Property? Yes  No  If No, Name of Owner \_\_\_\_\_  
Owner Phone \_\_\_\_\_

By submitting this form, I/we agree to be responsible for the water and/or sewer bills at the above service address, to pay these bills to Miami County Sanitary Engineering Department on a monthly basis, and to abide by the Rules and Regulations of the Miami County Sanitary Engineering Department.

Customer/Owner is responsible to maintain the curb valve box and keep the meter and remote pad accessible at all times.

Failure to comply will result in the disconnection of service and/or repair fees being charged.

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

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

**HOME. GROWN. Great!**

**Sanitary Engineering**  
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