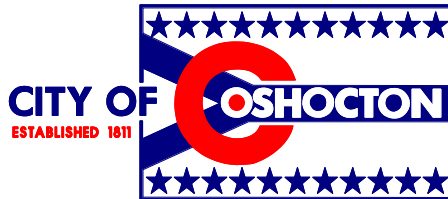


Water Office  
1100 Walnut Street  
Coshocton, OH 43812

740-622-2626  
740-623-5927-Fax



**Mark Mills**  
Mayor

**David A Kadri**  
Utilities Director

**PICTURE ID REQUIRED OF ALL APPLICANTS**

Date \_\_\_\_\_, 20\_\_\_\_

Acct# \_\_\_\_\_

**I hereby make application for Utility Services and agree to the terms and conditions of the "Agreement for Utility Services" for the Address below:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**For non-owner occupied addresses, the Mailing Address for billing purposes must be the Property Owner's place of business or primary address.**

Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ Retired with no taxable income: \_\_\_\_\_

Is the service address: Owner Occupied: \_\_\_\_\_ Tenant Occupied: \_\_\_\_\_

Witness/Notary: \_\_\_\_\_

The Water Office of the City of Coshocton uses this application to turn on service. This form must be completed and then approved by the Director.

\_\_\_\_\_  
DIRECTOR

\_\_\_\_\_  
DATE APPROVED