

VILLAGE OF WEST LAFAYETTE
UTILITIES DEPARTMENT
113 EAST RAILROAD STREET
WEST LAFAYETTE, OHIO 43845
740-545-7834

APPLICATION for WATER and/or SANITARY SEWER SERVICE

DATE: _____

ACCOUNT NO.: _____

SERVICE ADDRESS: _____

OWNER'S NAME: _____

OWNER'S MAILING ADDRESS: _____

OWNER'S TELEPHONE NO.: _____

NOTE: Each new owner of the premise will be required to deposit with the Village of West Lafayette, a Fifty and 00/100 (\$50.00) Dollar security deposit. This deposit can be made in two monthly payments. Failure to make the deposit payments will result in immediate termination of utility services.

Property Owners, it is your responsibility upon sale of your property to notify the Village's Water and Sanitary Sewer Department. This will enable the Village to process a final reading and billing. You must also provide a **Forwarding Address** for the final bill.

Note: Landlord customers are **Liable** for all Village of West Lafayette utility service charges that are delinquent for the Service Address which is a rental.

I, the undersigned affirm the above information to be true and accurate to the best of my knowledge. I also understand that by giving false information on this application that all utility services to the Service Address will be terminated immediately.

Signature

Date

(Printed Name)

Deposit Invoice

Utility Department
Village of West Lafayette
113 East Railroad Street
PO Box 175
West Lafayette, OH 43845

This invoice will be your only notification of your deposit payment schedule. Failure to pay the deposit on or before the required date will result in immediate termination of your Water/Sewer Services.

The first deposit payment must be paid when Water/Sewer Services are Requested

Date of first deposit payment:	Deposit Paid
Amount of first deposit payment:	Yes No
Second Deposit Payment due on or before:	
Amount of second deposit payment:	Yes No

Service Address: _____
Account #: _____

As the requestor of Water/Sewer Services from the Village of West Lafayette, I understand if I fail to pay the deposit amounts above on or before the required dates my Water/Sewer services will be immediately terminated.

Print Name of Requestor _____ Date _____

Signature of Requestor _____

Village of West Lafayette – Utility Department
113 East Railroad Street
P.O. Box 175
West Lafayette, Ohio 43845
740-545-7834 Fax 740 545-5430

Utility Authorization Form

Account No.: _____

Service Location: _____

By signing below, I _____, acknowledge the following:

That the owners of the real estate for which water and sewer service is provided individually, jointly and severally are responsible for the water and sewer bill. A copy of all delinquent and shut off notices will be delivered to the owner of the real estate as well as the consumer, if not the owner.

The owner of the rental/leased unit will be responsible for the collection of water and sewer bills, and delinquent charges; for all court costs and litigation expenses if the Village of West Lafayette, Ohio files a complaint in Court for collection of the water and sewer bills, and delinquent charges.

A processing fee of Seventy-Five and 00/100 (\$75.00) will be added to all past due accounts which are sent to the Village Solicitor or a debt collection agency for the purpose of collecting the past due amount.

Landlord/Property Owner Signature: _____ Date: _____