

CITY OF OBERLIN
69 S. Main St.
Oberlin, OH 44074
440 775-7211 or 440 775-7214
Fax 440 776-2090

Please apply in person with a valid driver's license or passport. A security deposit (dependent upon services provided) in cash, check, credit card or money order is required.

APPLICATION FOR UTILITY SERVICE

NAME _____

NEW SERVICE ADDRESS _____

SERVICE START DATE (when you want service in your name):

PHONE# _____

E-MAIL ADDRESS _____

I would like to receive community announcements via email from the City of Oberlin.

EMPLOYER _____

WORK# _____ **ADDRESS** _____

SOCIAL SECURITY # _____

PREVIOUS/PERMANENT ADDRESS:

STREET # _____

CITY _____ **STATE** _____ **ZIP** _____

IF YOU ARE RENTING, PLEASE PROVIDE THE FOLLOWING:

NAME OF LANDLORD _____

I understand and agree that my landlord/property owner, or their designee, may receive a copy bill, and any delinquent notices, and my forwarding address for my utility account.

SIGNATURE

DATE

RECEIVE YOUR UTILITY BILL BY EMAIL
FROM THE CITY OF OBERLIN UTILITIES



Sign Up Today!

Go to www.cityofoberlin.com then to **For Residents, Utilities** and click **Email Billing**

For New Accounts: you can sign up after you receive your first bill.

AND then, Go COMPLETELY PAPERLESS

Have your utility bill paid automatically through your bank, simply fill out the form below and return it to the City of Oberlin Utility office.

REMEMBER!

To Go Completely Paperless you have to sign up for Email bills on our website **AND** submit the form below. If you only sign up for Email bills you will need to print the bill and mail it in, or bring it to the utility office.

Automatic Utility Payment - Authorization Form

I, _____ (Print name)

Authorize my financial institution to deduct my monthly utility bill from the account listed below. This deduction will begin on the due date of the month following the current billing cycle. This authority will remain in effect until cancellation is received in writing. IT COULD TAKE A FULL BILLING CYCLE, ONE MONTH, FOR YOUR AUTO DEDUCTION TO BEGIN, refer to your billing statement. ****Return this form with a copy of a voided check if paying from a checking account or deposit slip if paying from a savings account.****

_____ **Signature** _____ **Financial Institution Name**

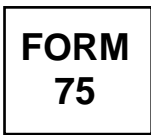
_____ **Utility Account Number** _____ **Utility Account Address**

Account Information—please check one of the following and provide account number:

___ **Checking Account Number** _____ **Routing Number** _____

___ **Savings Account Number** _____ **Routing Number** _____

Return with Your Utility Payment or to the Address Below:
City of Oberlin Finance Office, 69 S. Main St., Oberlin OH 44074
Phone 440-775-7214



Name & ID:

Driver's License /ID Number First Name Middle Last Name

Spouse / Partner Driver's License/ID Number First Name Middle Last Name

Only if no driver's license number, enter Social Security Number or Individual Tax Identification Number

Primary date of birth: ____ / ____ / ____ Spouse / Partner date of birth: ____ / ____ / ____

Registration for the City of : OBERLIN

Current Oberlin Residence Address Information: (Not for township residents)

Street No. Street Name Apt. /Suite # PO Box

City of Oberlin Ohio 44074
City / Village State Zip Code

Date you moved to this address: ____ / ____ / ____ Contact Phone No. (____) ____ - ____

Do you own or rent your home? (Please check one) Own ____ Rent ____

If renting please give the Landlord's name, address and phone number _____

Previous Residence Address Information:

Street No. Street Name Apt. /Suite # City / Village State Zip Code

Date you moved to this address: ____ / ____ / ____

Employment Information: (Check Yes or No, if retired please include date of retirement)

Are you employed? Yes ____ No ____ Is your spouse employed? Yes ____ No ____

Are you an Oberlin College student? Yes ____ No ____ If "Yes", please disregard next questions and STOP HERE.

Are you retired and/or have no taxable income? Yes ____ No ____ If Yes, date you retired: ____ / ____ / ____

Is your spouse retired and/or have no taxable income? Yes ____ No ____ If Yes, date your spouse retired: ____ / ____ / ____

Do you have income reported on Federal Schedules C, E or F? Yes ____ No ____

Does your spouse have income reported on Federal Schedules C, E or F? Yes ____ No ____

Do you and/or your spouse own rental property? Yes ____ No ____ (Please list tenant's name, address and date you began renting property. If you have multiple properties, please supply additional information on back or a separate sheet of paper.)

Tenant's First, Last Name and address: _____ Date: ____ / ____ / ____