

**VILLAGE OF FORT RECOVERY BUSINESS SERVICE APPLICATION**  
201 S Main, PO Box 340, Fort Recovery, OH 45846

Date \_\_\_\_\_ Date Service Needed \_\_\_\_\_ Account # \_\_\_\_\_  
**Business Name** \_\_\_\_\_ Phone# \_\_\_\_\_  
Service Address \_\_\_\_\_ Cell # \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
**Owner's Name** \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_ ID or DL # \_\_\_\_\_  
Employer \_\_\_\_\_ How Long \_\_\_\_\_  
Employer Address \_\_\_\_\_ Phone# \_\_\_\_\_

☐ **Property Owner**  
☐ Renter/Lessee Deposit \_\_\_\_\_ Property Owner's Name \_\_\_\_\_

**I the undersigned do understand and agree that:**

1. All utility bills are due and payable by the 16<sup>th</sup> of each month. A ten percent (10%) penalty shall be added to all bills not paid by the due date. Non-payment of bills will result in discontinuance of service at which time an additional reconnection charge will be added. Unpaid bills will be assessed to the property owner's Real Estate Tax.

2. Applicants authorize and agree by signing this application to the release of information regarding pending delinquencies and disconnections to the landlord/guarantor.

3. If I, my co-applicant or any member of my household owes the Village of Fort Recovery any past due bills of any type (utility, tax and/or other), all of these outstanding bills must be paid in full before a refund of overpayment or credit is given. If after service is provided, it is found that such bills do exist, service will be discontinued until payment is made in full.

4. In the case where I am purchasing this property, all unpaid bills created by the prior occupants must be paid in full. Charges if not paid, can and will be certified to the Mercer County Auditor for addition to the property taxes. At this time there is a bill at the address in the amount of \$ \_\_\_\_\_. This is in addition to the final bill to be issued.

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

<b>Race:</b> White/American Indian/Alaskan Native/Asian / Black or African American/ Native Hawaiian or other Pacific Islander	<b>Ethnicity:</b> Hispanic or Latino / Not Hispanic or Latino
<b>Sex:</b> Female / Male	

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Village Representative

\_\_\_\_\_  
Date

IT

Deposit # \_\_\_\_\_ PI# \_\_\_\_\_ CMI Dep# \_\_\_\_\_ Posted \_\_\_\_\_