

RENTAL UNIT OCCUPANCY REGISTRATION – Issued April 2011

(To be completed by both Tenant and Property Owner at or before move-in date. Only valid if every line is complete.)

Date (today's date) _____ Account No. _____

Street Address _____

Tenant Information

I (name of tenant), _____ am residing at the above named street address as of

(date of move-in) _____. I agree to take full responsibility for paying the utility bills associated with the following services provided by the City of Marion as of the move-in date noted above. Check all that apply below:

_____ Sanitation (trash) _____ Sewer (sanitary & storm)

I request that the bill be mailed to (address) _____.

Social Security No. _____ Driver's License No. _____

Place of Employment _____ Phone No. _____

Personal Phone No. (day) _____ Date of Birth: _____

Personal Phone No. (evening) _____ Previous Address: _____

Secondary Contact Information (relative/friend) _____

My signature is to authorize the City of Marion to bill me for the services(s) indicated above. I understand that the City will use all legal means to insure timely collection of this utility bill. Further, I certify that the name given on this form is the same person listed on the Ohio-American water account.

Signature _____ Date _____

Property Owner Information

Name of property owner (LLC/partnership, etc plus name of person representing) _____

Business address: _____

Phone No. (day) _____

Phone No. (evening) _____

Request duplicate bill be sent to the address above? ____ Yes ____ No

I concur with the above information as presented by the tenant and agree to abide by City Codified Ordinances.

Signature _____ Date _____