



Utility Billing Department
233 W. Center St.
Marion, Ohio 43302
Phone: 740.387.6057
Fax: 740.382-5112

REQUEST FOR CHANGE OF SERVICE BY PROPERTY OWNER

Date _____
Account # _____
Current Name on Account _____
Service Address _____

CHANGE REQUESTED

- Landlord (Property Owner) to pay all services (SM/SW/SA)
- Landlord (Property Owner) to pay sewer charges (SM/SW)
- Tenant pays Sanitation (SA) only ** Name of Tenant _____
(**Tenant must complete Residential Registration Form)
- Temporarily Stop Sanitation (NO water consumption during stoppage) Leave Date _____ Return Date _____
- Stop Sanitation (SA) Reason _____
- Sale of Property - Stop all services Date property sold ____/____/____
- Other _____

Property Owner Information
(if different than above)

Property Owner Name _____
Property Owner Address or _____
Mailing Address _____
Property Owner Phone # _____

- Send Duplicate Bill to Landlord/Property Owner

Print Name Clearly

Signature of Individual Requesting Change

---- For Internal Use Only ----

Date Received: _____

Clerk Initials: _____

Info Entered in NW: _____