

## **WATER / SEWER SERVICE INSTRUCTIONS**

The following items must be submitted in person with the application for service to commence.

Failure to complete and submit the required documents may result in delay of service.

### **FOR RENTAL PROPERTIES:**

- Copy of a current photo ID
- Copy of the rental / lease agreement
- \$150.00 deposit paid in person

### **FOR HOMEOWNERS:**

- Copy of a current photo ID
- Proof of purchase of property (copy of deed) (No deposit is required for homeowners)

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### **BOTH FORMS BELOW ARE NECESSARY TO SET UP AN ACCOUNT FOR WATER AND SEWER WITHIN WAVERLY**

- Complete the first page in its entirety and return to the water and sewer billing office with the necessary materials required from above. For assistance or questions regarding the form, contact the water and sewer billing office at 740-947-4888 M-F 8am to 4pm.
- Complete the second page in its entirety and return to the tax department. For assistance or questions regarding the form, contact the tax department at 740-947-8177 M-F 8am to 4pm

# Waverly Water & Sewer Department

211 West North Street • P.O. Box 228 • Waverly, Ohio 45690

## Contract - Application for Service

No. \_\_\_\_\_

Date \_\_\_\_\_

Name (print) \_\_\_\_\_

Service Address \_\_\_\_\_

Have you ever applied for service with the City of Waverly before? ☐ Yes ☐ No

If yes, what service address? \_\_\_\_\_

Responsible Renter \_\_\_\_\_ Homeowner \_\_\_\_\_ Phone Number \_\_\_\_\_

If you marked Homeowner, please fill out Section A. Please use back if necessary. If you marked Responsible Renter, please fill out Section B.

### SECTION A – HOMEOWNER

Do you reside at this service address? ☐ Yes ☐ No

If no, please print name of Responsible Renter \_\_\_\_\_

### SECTION B – RESPONSIBLE RENTER

If you are the Responsible Renter, please fill out

..

Property Owner Co-Signs (Deposit Waived)

Name of Homeowner \_\_\_\_\_

Address of Homeowner \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone Number (if known) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I the undersigned, hereby agree to pay any and all fees due the City of Waverly for services rendered. I also agree to follow any and all rules governing the City of Waverly Utility Dept. Subject to the rules and regulations now in force, or which may hereinafter be adopted by it, and which I agree shall form a part of this contract with the same affect as if written herein and operating as covenants and conditions hereof:

..(Deposit – \$150.00)

\_\_\_\_\_  
Signature of Customer

.. Renter, Lease, or Land Contract (No Deposit – Property Owner)  
Deposit will be refunded after service is disconnected and final bill is deducted!

No. \_\_\_\_\_

### Water & Sewer Deposit Cash Receipt

Waverly, Ohio \_\_\_\_\_ 20\_\_\_\_

Received From \_\_\_\_\_

\_\_\_\_\_  
Dollars

\$ \_\_\_\_\_

# CITY OF WAVERLY INCOME TAX QUESTIONNAIRE

APPLICANT \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

CO-APPLICANT \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Please list other members of your household who are *over 18* years of age below:

\_\_\_\_\_ S.S.# D.O.B. \_\_\_\_\_

\_\_\_\_\_ S.S.# D.O.B. \_\_\_\_\_

\_\_\_\_\_ S.S.# D.O.B. \_\_\_\_\_

If you are a new resident, address: \_\_\_\_\_ Move In Date: \_\_\_\_\_  
If you already live in Waverly but never registered, with Tax Office, list address and move  
in date below. Have you lived in Waverly before? If so, where? \_\_\_\_\_

when? \_\_\_\_\_ RENTERS - list name and address of landlord \_\_\_\_\_ If

you own the property, who was the previous owner? \_\_\_\_\_

Date you purchased property? \_\_\_\_\_

**EMPLOYMENT INFORMATION** (Full or Part-Time) List everyone who is employed in the household.

Employer's Name  
Self: \_\_\_\_\_  
Employer and is city income tax withheld \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Employer and is city income tax withheld \_\_\_\_\_  
Other(s) \_\_\_\_\_  
Employer and is city income tax withheld \_\_\_\_\_

Gross Yearly Income \_\_\_\_\_

Gross Yearly Income \_\_\_\_\_

Gross Yearly Income \_\_\_\_\_

## CIRCLE UNEMPLOYED STATUS:

Retired Social Security Disabled Temp or Permanent Unemployed OWF/ADC

*IF ANY MEMBER OF HOUSEHOLD OWNS RENTAL PROPERTY, PLEASE COMPLETE:*

Name of Rental Property Owner \_\_\_\_\_

Address of Rental Property \_\_\_\_\_

*I have been advised of my tax obligation and have had an opportunity to ask questions. By signing this questionnaire I agree to comply with the income tax ordinance. I have received a copy of the Waverly Tax Facts.*

\_\_\_\_\_  
*Signature Date Phone E-mail*

\_\_\_\_\_  
*Signature Date Phone E-mail*

The information requested on this form is essential to the establishment of your account and will be held in strict confidence.  
May 6, 2022

[taxoffice@cityofwaverly.net](mailto:taxoffice@cityofwaverly.net)