

CITY OF YOUNGSTOWN



WATER DEPARTMENT

CITY HALL • 26 S. PHELPS STREET • YOUNGSTOWN, OHIO 44503

PHONE: (330) 742-8746 • FAX: (330) 742-8751

www.youngstownohio.gov/water

Email: youngstownwater@YoungstownOhio.gov

APPLY FOR NEW SERVICE REQUEST

Want to establish service at your new property?

(Please allow up to 4 business days to process request)

THE YOUNGSTOWN WATER DEPARTMENT RESERVES THE RIGHT TO DENY ANY REQUEST BASED ON PRIOR DELINQUENT BALANCES AND/OR INCOMPLETE DOCUMENTATION.

Name _____
Service Address: _____
Mailing Address (if different): _____
Contact Phone #: _____
Social Security or EIN #: _____
Service Start Date: ____/____/____
Email Address: _____

*****MUST PROVIDE ONE OF THE FOLLOWING OPTIONS BELOW*****

- A. **IF YOU ARE RENTING THE PROPERTY**...we need a copy of your **STATE OR GOVERNMENT ID AND A LEASE AGREEMENT OR NOTARIZED LETTER THAT INCLUDES THE FOLLOWING: Landlord and Tenant Names, Service Address, Dates of the Lease, and Signatures of all parties.**
- B. **IF YOU ARE PURCHASING THE PROPERTY**...we need a copy of your **STATE OR GOVERNMENT ID AND A CLOSING DISCLOSURE, SETTLEMENT STATEMENT OR RECORDED DEED THAT INCLUDES THE FOLLOWING: Your Name and Address of Property. ***IF YOU ARE A COMPANY PURCHASING THE PROPERTY...IN ADDITION TO THE ABOVE, YOU MUST INCLUDE THE ARTICLES OF ORGANIZATION FOR THE COMPANY*****
- C. **IF YOU ARE PURCHASING THE PROPERTY VIA LAND CONTRACT**...we need a copy of your **STATE OR GOVERNMENT ID AND A LAND CONTRACT DOCUMENT THAT INCLUDES THE FOLLOWING: Buyer and Seller Names, Address of Property, Dates and Signatures of all Parties.**

By agreeing and signing below, you acknowledge that The Division of Water, City of Youngstown is not responsible for any water damages to the property. If excavation is needed, water may not be reconnected for at least 3 business days excluding weekends and holidays. This is pursuant to the Ohio Revised Code Section 3781.25 to Section 3781.32. For any water needing to be turned on, there is a non-refundable turn fee which will be billed to your water account.

I AGREE _____

Customer Signature

_____/_____/____

Date

If printing and mailing this request, please fill out and return (ALONG WITH THE APPROPRIATE DOCUMENTATION) to:

Youngstown Water Department
26 S. Phelps St. Youngstown, Ohio 44503