



APPLICATION FOR UTILITY SERVICES

(25.00 application fee required + 150.00 deposit if renting)

Name _____ Contact Phone # _____

Email Address _____

New Service Location _____ Beginning (date) _____

Address For Billing: _____ City, State, Zip: _____

Please Check: Own ___ Rent ___ Is This A: Residence _____ Business _____

Property Owner Name _____ Phone Number _____

Have you or any adult member of the household previously held an account with New Richmond Utilities? Yes ___ No ___

If "Yes," Address _____

I hereby grant authorization for utility service(s) for the above address to be placed in name as above. I and/or Tenant understand, and agree to abide by the rules of the New Richmond Utility Ordinance and the Utility Department Fee Schedule which are available for review upon my request. I further certify that, to the best of my knowledge, I have no outstanding balance owed on a previous Village of New Richmond Utility Account.

Signature _____ Date _____
(Property Owner)

Signature _____ Date _____
(Tenant)

WARNING: Making false statements on application for utility service may be punishable by law.

Office Use Only:

Account Number Assigned _____ Start Reading: _____

Effective Date ___/___/___ Deposit Amount \$ _____ Date of Deposit ___/___/___

Payment Method _____

Clerk _____

Deposit Returned ___/___/___ \$ _____

Deposit Applied ___/___/___ \$ _____

**Regional Income Tax Agency
Individual Registration Form**

Attn: Registration P.O. Box 477900 Broadview Heights, OH 44147-7900
If you have any questions or are unable to complete this form please contact RITA's
Registration Dept. at (440) 526-0900 x5008 or (800) 860-7482 x5008.

Names:

Primary Social Security # _____

Primary First Name Middle Initial Last Name

Spouse's Social Security# _____

Spouse's First Name Middle Initial Last Name

Current Address Information:

P O Box House # Street Name Apt #

City State Zip Code

Registration for the city of: New Richmond

Effective date of this Address: _____

Daytime Phone # _____ Evening Phone # _____

Prior Address Information:

Prior Address (House #, Street Name, City and State)

Effective date of this address: _____

Employment Information:

Are you employed? Y/N Is your spouse employed? Y/N

Do you have Schedule C income in a RITA Municipality? Y/N

Does your spouse have Schedule C income in a RITA Municipality? Y/N

Do you own rental property and/or own a business? Y/N

Does your spouse own rental property and/or a business? Y/N

Are you retired and/or have no taxable income? Y/N

Retirement date: you _____

Is your spouse retired and/or have no taxable income? Y/N

spouse _____