



# 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 #: \_\_\_\_\_

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 the 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.

(Property Owner) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Tenant) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 \_\_\_\_\_