

Utility Office
99 N. Howard St.
Sabina, Ohio 45169
937-584-4323



Application and Agreement for Water/Sewer Service

Application Date: _____ Deposit (Renters Only): \$100_____

Transferred: _____ If "yes" from whom: _____

Applicant Name: _____ Owner or Renter: _____

Social Security Number: _____

Billing Address: _____

Agreement: *I, the undersigned, hereby make this application to the Sabina Utility Department for water/sewer service. I agree to pay for such service at the regularly published rates and in accordance with rules and regulations, all as approved by The Village of Sabina Council. I agree to use such services for my own purposes and agree not to sell/donate any part of it or permit it to be used for other purposes. I agree that duly authorized agents and employees of said Sabina Utilities Department shall have access to my premises at all reasonable hours for the purpose of installation/removal of meter, inspection of equipment, and reading usage amounts for billing purposes. I further agree to hold the Sabina Utilities Department harmless from any claims, real or alleged, for loss/damage to property or persons arising out of the delivery of services beyond the point of metering. I agree to give said Sabina Utilities Department notice when I cease to occupy said premises and I desire said service discontinued. In the event or its failure on my part to comply with the terms and conditions of this agreement, I agree that Sabina Utilities Department or its representative may discontinue services hereunder without further notice to me. I also agree that said Sabina Utilities Department or its representative may discontinue service hereunder if this account falls 45 days past due and/or falls under Ordinance 2003-6 (Ordinance Pertaining to the Enforcement and Collection of Water Bills). Such discontinuance will not constitute a waiver of any claims against me for prior services rendered hereunder by the Village of Sabina.*

Phone Number: _____ Renters Signature: _____

Upon failure of the within named applicant to pay all water and sewer charges incurred at, or upon, the premises above described, I agree upon notice (Pursuant to the Revised Code) to pay named Sabina Utility Billing Department for said charges. Such charges not paid within 60 days from the date shall constitute delinquent charges and the Village of Sabina shall certify to the County Auditor all unpaid delinquent charges for collection as allowed by law in the same manner as other taxes and assessments.

Phone Number: _____ Owners Signature: _____

Owners Address: _____

Approved by: - Utility Department Supervisor: _____

- Village Administrator: _____

APPLICATIONS MUST BE RECEIVED WITH DEPOSIT WITHIN ONE (1) WEEK OF DATE TO AVOID ININTERUPTION OF SERVICES. THESE SERVICES MAY BE DISCONTINUED WITHOUT WARNING, IF THIS APPLICATION IS NOT RECEIVED IN OUR OFFICE WITHIN ONE WEEK OF SIGN OFF.