VILLAGE OF BLUFFTON

154 N. Main St., P.O. Box 63, Bluffton, OH 45817-0063
*Phone: 419-358-2066, Ext. 105 * Fax: 419-358-8137*

UTILITY SERVICE / RENTAL PROPERTY AGREEMENT

PROPERTY OWNER INFORMATION: *FOR TAX YEAR: _____ TO PRESENT DATE: _____*

Property Owner's Name: _____ **Property Owner's Telephone #:** _____

Property Owner's Mailing Address: _____ **Property Owner's Email:** _____

Please list below ALL properties you own located within the Village of Bluffton corporation limits that you do not reside at. Check mark if the water bill will be paid by you the property owner or by the tenants living there. Please provide the names of all adult full-year and part-year tenants living at each property, including their telephone numbers. Check mark if they moved-in or out and the date of the move. IF A TENANT MOVED-OUT DURING THE YEAR, PLEASE PROVIDE THE TENANT'S NEW FORWARDING ADDRESS ON THE BACK OF THIS FORM.

SERVICE PROPERTY ADDRESS(ES):	BILL PAID BY: OWNER - TENANT	NAME OF ALL ADULT TENANTS: (List all Full & Part Year Tenants)	TENANT'S TELEPHONE NO:	MOVE DATE IN - OUT
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In the box below, please list the address(es) for ALL properties you sold or acquired located within the Village of Bluffton corporation limits within the past year. Check mark if the property was sold or acquired, the date of the sale or purchase, and the name and phone number for the person the property was sold to or acquired from.

SOLD OR ACQUIRED PROPERTY ADDRESSES	SOLD/ACQUIRED TO - FROM	SOLD TO / ACQUIRED FROM (PROVIDE NAME & PHONE NO.)	DATE OF SALE / PURCHASE
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I understand and agree that the service property at the address(es) listed above are covered by this agreement. By checking the tenant boxes above, the tenant(s) residing at these properties are authorized to receive utility bills as agents for me. If the owner box is check marked, the account will be kept in my name (the property owner's name). I understand and agree that this agreement does not relieve me of property-owner liability as described in the Village of Bluffton Code of Ordinances, and that I am responsible for all charges for unpaid utility bills. I understand and agree that I will receive copies of delinquent notices and turn-off notices regarding the address(es) listed. I also understand and agree that the Village of Bluffton will not terminate a tenant's utility services without cause or notice. I further understand if there is an outstanding balance from the previous tenant(s), that I will be responsible to pay the balance owed in-full before utility services will be restored.

Property Owner's Signature: _____ **Date:** _____ **Last 4 Digits of Soc. Sec. #:** _____

If additional space is needed, please use the back of this form or attach a separate sheet of paper.

VILLAGE OF BLUFFTON, OHIO

VILLAGE OF BLUFFTON
154 N. Main St., P.O. Box 228
Bluffton, OH 45817

Income Tax Department
PH: 419-358-2066, Ext. 105
Fax: 419-358-8137