Village of Haskins

405 N. Findlay Road - PO Box 236
Haskins, Ohio 43525-0236

Utilities Department
419-823-1911

APPLICATION FOR UTILITY SERVICE

ACCOUNT NO.(assigned by village)_____
Applicant _____Social Security No. _____
Date of Birth_____ Daytime Phone No._____ Cell No _____
Drivers License No. _____Email address_____

Service Address _____
Is service address inside the Village of Haskins city limits? Yes _____or No _____

Mailing Address (if different than service address) _____

Employer Work Number _____

Co-Applicant _____Social Security No. _____
Date of Birth _____Daytime Phone No._____ Cell No. _____
Drivers License No. _____

Employer Work Number _____
_____ Rent (or) _____Own **A photocopy of your driver's license is required**

If Renting Name of Landlord Phone No. _____

Address of Landlord _____

INCOME TAX INFORMATION

The above information will be used by the Village of Haskins Income Tax Department to add your name to the Village tax rolls. All residents of the Village must file a tax return whether the tax is withheld or not, and whether he or she has taxable income or not. The income tax rate is 1% with a credit of 1/2% for withholding by another city or village.

FOR YOUR INFORMATION

I certify the above information is complete and true to the best of my knowledge. I understand if any utility bill is unpaid by the time of the next utility billing, it shall be considered delinquent and procedure for shutoff off of the utility services will be instituted 15 days after the account is first delinquent. Once utility services have been discontinued, they shall not be reinstated until the account is paid in full including any disconnection and reconnection fees. In consideration for the furnishing of utility services to the property for which application is made, the undersigned accepts responsibility for the payment of all utilities furnished.

_____ Date _____ _____ Date _____
Applicant Signature Co-Applicant Signature

For Utility Billing Office Use: Deposit Paid _____ Senior Sewer Discount _____ Utility Representative _____

Haskins Village – Where to Live!

405 N. Findlay, P.O. Box 236, Haskins, Ohio 43525-0236
Home: (419) 823-1911 Fax (419) 823-1120
On the Web at: http//www.haskinsvillage.org
Bradley A. Heft - Mayor Lisa Heft - Clerk/Treasurer Colby Carroll - Village Administrator

APPLICATION FOR OCCUPANCY CERTIFICATE

Section 1101.3 of the Haskins Codified Ordinance states; "It shall be unlawful to use/occupy or permit the use/occupancy of any building or premises, or both, without an Occupancy Certificate issued by the Zoning Inspector. The Occupancy Certificate shall not be transferable when a building or premises changes owners, operators, and/or uses. Occupancy Certificates shall be issued only in conformity with the provisions of this Ordinance."

The purpose of this process is to ensure that a building or premise is suitable to occupy from a health and safety point of view and that such use or occupancy is in compliance with all applicable portions of both the Haskins Zoning Ordinance and the Haskins Codified Ordinance.

Upon the completion of this application, the Zoning Inspector will perform an inspection of the building/premise for the completion of the Occupancy Certificate Checklist. There is a $25.00 fee associated with this application.

Applicant's Name:_____ Phone:_____

Address of Building/Premise:_____

Type of Building/Premise:

O Residential (Owned by Applicant) O Residential (Rental Property)

O Commercial Property O Other _____

Proposed Use of the Building/Premises:_____

Intended Date of Use/Occupancy:_____

Number of Occupants Proposed:_____

APPLICANT CERTIFICATION

I, _____, owner or occupant of the building/premises situated at _____, hereby certify that the use and occupancy of said premises shall be healthful, safe and sanitary, and in compliance with the Codified Ordinances, Zoning Ordinances, and any other provision of the Village in Haskins, Ohio or Ohio Revised Code. I understand that failure to use/occupy listed premises may result in prosecution in accordance with the Codified Ordinances of the Village of Haskins or the Ohio Revised Code. I also understand that the Village of Haskins, its employees, representatives and agents do not warrant, guarantee, or make any representations, of whatever nature, as to the quality or workmanship of the premises.

Date: _____ Signature of Applicant: _____

********** Office Use Only**********

Date Received: _____ Received by: _____

Fee Paid: _____ Assigned Application Number: _____

Certificate Status: _____

FORM 75

Regional Income Tax Agency
Individual Registration Form

RITA
REGIONAL INCOME TAX AGENCY

800.860.7482
TDD 440.526.5332
ritaohio.com

Names:

_____ - _____ - _____ _____ _____ _____
Primary Social Security Number | First Name | Middle | Last Name

_____ - _____ - _____ _____ _____ _____
Spouse's Social Security Number | First Name | Middle | Last Name

Primary date of birth: _____ / _____ /_____ Spouse's date of birth: _____ / _____ /_____

Registration for the city or village of: _____

Current Residence Address Information:

_____ _____ _____ _____
Street No. | Street Name | Apt. /Suite # | PO Box

_____ _____ _____
City / Village | State | Zip Code

Date you moved to this address: _____ / _____ /_____ Contact Phone No. (_____) _____ - _____

Do you own or rent your home? (Please check ✓ one) Own ☐ Rent ☐

If renting please give the Landlord's name, address and phone number _____
_____

Previous Residence Address Information:

_____ _____ _____ _____ _____ _____
Street No. | Street Name | Apt. /Suite # | City / Village | State | Zip Code

Date you moved to this address: _____ / _____ / _____

Employment Information: (Check Yes or No, if retired please include date of retirement)

Are you employed? Yes ☐ No ☐ Is your spouse employed? Yes ☐ No ☐

Are you retired and/or have no taxable income? Yes ☐ No ☐ If Yes, date you retired: _____/_____/_____

Is your spouse retired and/or have no taxable income? Yes ☐ No ☐ If Yes, date your spouse retired: _____/_____/_____

Do you have income reported on Federal Schedules C, E or F? Yes ☐ No ☐

Does your spouse have income reported on Federal Schedules C, E or F? Yes ☐ No ☐

Do you and/or your spouse own rental property? Yes ☐ No ☐ (Please list tenant's name, address and date you began renting property. If you have multiple properties, please supply additional information on back or a separate sheet of paper.)

Tenant's First, Last Name and address: _____

_____ Date: _____ / _____ / _____

Mail form to: RITA
ATTN: Registration Dept.
P.O. Box 477900
Broadview Heights, OH 44147-7900

Call: 800.860.7482, ext. 5008
FAX form to: 440.526.3136