City of Kent

Utility Billing
319 S. Water Street
Kent, OH 44240
(330) 678-8104
Fax (330) 676-7584

Application for Services

For Office Use Only

Service Address_____ Account #_____

____Inside City ____Outside City Water Meter Size_____

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Services to be Billed

____Water ____Sanitary Sewer ____Stormwater ____Solid Waste

Application

Real Estate Closing Date_____

Service Address_____

Billing Address_____

Street City State Zip

Previous Address_____

Street City State Zip

Owner Name_____

If Business, Federal Tax ID #_____

Phone #_____ Email_____

Applicant Employer_____

Alternate Contact Name & Phone #_____

Please list additional Kent properties owned_____

_____

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_____

The undersigned hereby requests the City of Kent to supply water service to the address listed on this form under the appropriate ordinances with all amendments and subject to the rules and regulations currently in effect with all later amendments thereto and on file in the Kent City Department of Budget & Finance. The undersigned also agrees to pay all bills rendered by the City at the Department of Budget & Finance, or other locations designated to accept such payments, within the time specified on same and to be bound to the rules and regulations adopted, including all water, sewer, stormwater and other solid waste charges according to codified ordinances. The undersigned understands that sewer charges are based upon water consumption and if significant lawn sprinkling is anticipated, the applicant should contact Utility Billing for information on a sprinkler (water only) meter. The cost to purchase and install this additional meter is the responsibility of the applicant.

Signed_____ Date_____