

VILLAGE OF LEETONIA

UTILITIES DEPARTMENT

300 EAST MAIN STREET

LEETONIA, OHIO 44431

330-427-6720

FAX: 330-427-8088



ASSIGNMENT OF ACCOUNT: _____

I, _____, the Property Owner, acknowledge that the above Water/Sewer account is in my name and that I am the landowner and the responsible party. I hereby grant authority to the Leetonia Utilities Department to send the above water/sewer bill to my renter. I understand that the bill will be addressed with my name and with my renter's name also on the bill. I also understand that I must complete this form with each new tenant.

I acknowledge and understand that this "Assignment of Account" in no way changes, eliminates, or reduces my responsibility to pay this account, even though the bill will be sent to the address being applied for. I accept the responsibility to keep this account current, even though the bill will be sent to my current tenant.

Landowner Name (Print) _____

Full Address _____

Home Phone (_____) _____

Cellular Phone (_____) _____

Work Phone (_____) _____

Email _____

Date of Birth _____

Driver License # _____ State _____

Parcel # _____

Landowner Signature _____

Tenant Name (Print) _____

Full Service Address _____

Home Phone (_____) _____

Cellular Phone (_____) _____

Work Phone (_____) _____

Email _____

Date of Birth _____

Driver License # _____ State _____

Parcel # _____

Tenant Signature _____