

VILLAGE OF FRAZEYSBURG

WATER DEPARTMENT

7 West 2nd Street * PO Box 160* FRAZEYSBURG, OH 43822

(740) 828-2901 FAX (740) 828-2913

deputyclerk1@frazeyzburg.gov

Website: Frazeyzburg.gov

Account Application and Contract

Beginning Service Date: _____ Account # _____

The Property Owner(s) or Tenant(s) (circle one) at _____ (address here) are accepting full responsibility for water and sewer services used within the Village of Frazeyzburg.

Ordinance 10-02, of the Council of the Village; passed on 4/12/2002, covers the details per Ohio Revised Code and can be provided upon request.

The Village of Frazeyzburg deems it necessary to charge a deposit fee of **\$125.00**; to be collected at the time of established service for all customers that will be supplied water/waste water services.

Deposits are refundable when the account is closed and all parties have moved from the address. In the case of an account having an unpaid balance, all or a portion of the deposit will be applied first to the account before any refunds are made. **If the office does not receive notification of vacancy, the deposit cannot be refunded.**

Parties listed on this application, are jointly and severally liable for all charges. The undersigned hereby agrees to be governed by the rules and regulations of the Frazeyzburg Water Department guidelines; including such rules regarding responsibility for payment.

In the case of non-payment; the Village of Frazeyzburg reserves the right to discontinue service to the property until such delinquency is paid. Delinquencies will follow the guidelines set forth by the Water/Waste Water Termination Policy, which will be given to you separately, upon set up of water account.

Customer Name: _____ Phone: _____

Customer Name: _____ Phone: _____

Service Address: _____

Billing Address: (if different) _____

Deposit Collected: CA __ CK __ MO __ CC __ Date: _____

Customer Signature: _____ Date: _____

Owner Information: Name: _____

Address _____ Phone: _____

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Authorization for Direct Payment via ACH (ACH Debit)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment

I (we) authorize the Village of Frazeyzburg to electronically debit my (our) account (and, if necessary, to electronically credit my (our) account to correct erroneous debits).

Account information- Select one:

☐ Checking Account

☐ Savings Account

At the depository financial institution named **The Community Bank**. I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Depository Name: _____

Routing Number: _____

Account Number: _____

Name(s) on the Account: _____

Amount of debit(s) or method or determining amount of debit(s): Payment amount due

Date(s) and/or frequency of debit(s): Monthly on the 15th of each month.

Starting Date: _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify: **The Village of Frazeyzburg in writing at 7 West Second Street Frazeyzburg, Ohio 43822**

Or by phone at 740-828-2901 that I (we) wish to revoke this authorization. I (we) understand that The Village of Frazeyzburg requires at least one-week prior notice to cancel this authorization.

Name(s): _____

Signature(s): _____

Date: _____

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Welcome to the Village of Frazeyzburg!

Please find the following information about your water bill:

We have a MINIMUM bill... up to 2,000 gallons usage for \$ _____

- 1) Water bills are due on the 15th of the month.
- 2) Penalties are added on the 16th of each month, or first business day after, if the 16th falls on a weekend or holiday.
- 3) Shut off date is the 25th of each month, or first business day after, if the 25th falls on a weekend or holiday. If your water is shut off, a reconnection fee of \$50.00 is required for reconnection and your balance must be brought to \$00.00. Water will not be reconnected after 2:30 p.m.
- 4) You may pay your bill in the office with cash, check, money order or credit/debit card. There is a processing fee for card usage. You may also mail your payment by check or money order (PO Box 160), use our drop box at the front of the building or phone the office with your debit/credit card (processing fee will apply).

Please call the office with any questions @ 740-828-2901 x1 Monday – Friday 8 a.m.-4 p.m.

Pam Parrill, Water Clerk

Area phone numbers of interest:

BUSINESS	PHONE NUMBER	BUSINESS	PHONE NUMBER
BP Auto Performance LLC	740-291-7288	Frazeyzburg Post Office	740-828-2259
Carrolls Towing	740-610-7974	New Beginnings Drive Thru	740-828-6140
Clayton Homes	740-828-2104	Olde Village Meats	740-828-2823
Community Bank	740-828-3500	Shackleford Disposal	740-366-0001
Dairy Queen	740-828-2754	Shriver's Pharmacy	740-521-5095
Duke & Duchess	740-828-3696	Smitty's Barbershop	740-294-0022
Fallsburg Pizza	740-828-9000	Subway	740-828-9422
Family Dollar	740-828-3815	The Burg Nutrition	740-270-3048
Frazeyzburg Elementary School	740-828-2781	Village Medical Center	740-828-6166
Frazeyzburg Mini Storage	740-828-3010	Village Pizzeria and Kitchen	740-828-6030
Frazeyzburg Police Department (Emergency)	740-828-2911 (911)	Vison's Hair and Tanning Salon	740-828-2401

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The following information regarding race, national origin and gender is requested to assure the Federal Government, acting through Rural Development, that the Village of Frazeyzburg is complying with Federal Laws prohibiting discrimination against applicants.

You are not required to provide this information, but are encourage to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the Village of Frazeyzburg is required to note your race, national origin and gender on the basis of visual observation or surname.

RACE

American Indian/Alaskan Native	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	
Other race	
More than one race	

ETHNICITY

Hispanic or Latino	
Not Hispanic or Latino	

☐ **Female**

☐ **Male**

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Regional Income Tax Agency
Individual Registration Form
FORM 75



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

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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: ____ / ____ / ____

RITA

P.O. Box 477900

Broadview Heights, OH 44147-7900

Call: 800.860.7482, ext. 5008

FAX: 440.526.3136