

# VILLAGE OF FRAZEYSBURG

## WATER DEPARTMENT

7 West 2<sup>nd</sup> Street \* PO Box 160\* FRAZEYSBURG, OH 43822

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

[frazeyburgclerk@gmail.com](mailto:frazeyburgclerk@gmail.com)

Frazeyburg.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 Frazeyburg.

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 Frazeyburg 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 Frazeyburg Water Department guidelines; including such rules regarding responsibility for payment.

In the case of non-payment; the Village of Frazeyburg 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 Debits)

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 Frazeysburg to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

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: \_\_\_\_\_

Names (s) on the Account: \_\_\_\_\_

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

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

I (we) understand that this authorization will remain in full force and effect until I (we) notify The Village of Frazeysburg in writing or by phone at 740-828-2901.

I (we) wish to revoke this authorization. \_\_\_\_\_

I (we) understand that Village of Frazeysburg requires at least one-month prior notice in order to cancel this authorization.

Name(s): \_\_\_\_\_

(Please Print)

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

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## Welcome to the Village of Frazeysburg!

Please find the following information about your water bill:

We have a MINIMUM bill... up to 1000 gallons usage for \$ \_\_\_\_\_

- 1) Water bills are due on the 15<sup>th</sup> of the month.
- 2) Penalties are added on the 16<sup>th</sup> of each month, or first business day after, if the 16<sup>th</sup> falls on a weekend or holiday.
- 3) Shut off date is the 25<sup>th</sup> of each month, or first business day after, if the 25<sup>th</sup> falls on a weekend or holiday. If your water is shut off, a reconnection fee of \$20.00 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
Community Bank	740-828-3500
Dairy Queen	740-828-2754
Fallsburg Pizza	740-828-9000
Family Dollar Store	740-828-3815
Frazeysburg Elementary School	740-828-2781
Frazeysburg Pharmacy	740-828-2601
Frazeysburg Police Dept. (non-emergency)	740-828-2911 emergency call 911
Frazeysburg Post office	740-828-2259
Scrappy's Pizza	740-828-6030
Subway	740-828-9422

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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 Frazeysburg 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 again you in any way. However, if you choose not to furnish it, the Village of Frazeysburg 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](http://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