

VILLAGE OF FRAZEYSBURG

WATER DEPARTMENT

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

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

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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ACH Bank Draft Payments sign-up form

Customer information:

Name: _____

Account Number: _____

E-mail address: _____

Phone number: () _____

Financial Institution Information

Bank name: _____

Bank routing number: _____

Name on account: _____

Account type: CHECKING SAVINGS

Account number: _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions and that I am authorized to provide this information.

I authorize the Village of Frazeyzburg to deduct my utility payments from the bank account via Electronic Funds Transfer (EFT). I understand sending a written notification to the Village of Frazeyzburg will revoke this authorization.

The Village of Frazeyzburg reserves the right to cancel EFT due to insufficient funds without notice. Your account will be charged a \$_____ fee for insufficient funds.

Print authorized name

Authorized signature

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 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 \$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

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