



SANITARY ENGINEERING DEPARTMENT

Customer Application/Contract

(fax back to 937 335-4208 or email to cs@miamicountysed.com)

Account No. _____

Applicant 1 _____

Applicant 2 _____

Service Address _____ City _____ State _____ Zip _____

E-mail Address/es _____

Home Phone _____ Cell Phone _____

Billing Address _____ City _____ State _____ Zip _____
(If different than service address)

Employer _____ Phone No. _____

Emergency Contact Person _____ Phone No. _____
(Not living in this home)

Effective Date for Service to Begin _____ No. of Occupants _____

Do You Own This Property? Yes No If No, Name of Owner _____
Owner Phone _____

By submitting this form, I/we agree to be responsible for the water and/or sewer bills at the above service address, to pay these bills to Miami County Sanitary Engineering Department on a monthly basis, and to abide by the Rules and Regulations of the Miami County Sanitary Engineering Department.

Customer/Owner is responsible to maintain the curb valve box and keep the meter and remote pad accessible at all times.

Failure to comply will result in the disconnection of service and/or repair fees being charged.

Signature _____ Date _____

Signature _____ Date _____