



Division of Water and Wastewater

1287 Hebron Rd Heath, OH 43056 * P: (740) 522-1420

Direct Billing Agreement

Account # _____	
HEATH OFFICE USE ONLY	
<input type="checkbox"/> Balance	<input type="checkbox"/> Proof
<input type="checkbox"/> WO	<input type="checkbox"/> Name Change
<input type="checkbox"/> Entered	<input type="checkbox"/> Rental
<input type="checkbox"/> ID & Fee	<input type="checkbox"/> Tax

Effective Date: _____ / _____ / _____ Water Sewer
 (Date of possession / move-in date)

Service Address: _____

This form must be signed and returned to Heath Water Office prior to the receipt of water services. The undersigned understand and agree that the water-wastewater bills for the above service address are to be mailed directly to the above-named tenant for payment. This agreement is subject to City of Heath codes and regulations regarding the provision of water and wastewater service by the Utilities Division. The undersigned further understand and agree that the water-wastewater service is granted solely on the basis of personal information submitted as part of this agreement and certify that all such information is correct. The undersigned understand and agree that this application for service, when accepted by the City of Heath, will form a binding contract governing the terms of all water and wastewater services rendered by the City.

Note: To open an account, a \$15 account activation fee will be added to your first month's bill. To transfer an account from a tenant's name to an owner's name, no fee will be charged.

Property owner signs here:

I understand and agree that the tenants named below at the service address covered by this Agreement are authorized to receive water-wastewater bills as agents for me. I understand and agree that this Agreement does not relieve me of property-owner liability as described in Heath Codified Ordinances §§ 921.01 and 925.08, and that I am responsible for all charges, such as unpaid water and wastewater charges. Once this Tenant Direct Billing Agreement takes effect, I understand and agree that I will receive copies of delinquency notices and turn-off notices regarding the service address. I also understand and agree that the tenants may be granted payment extensions on delinquent bills, and that by signing this Agreement I authorize the City of Heath to grant such extensions. I also understand and agree that the City will not terminate a tenant's water or wastewater services, without cause or notice, at my request. I understand if there is an outstanding balance from the previous owner that I will be responsible for that balance.

 Property Owner's name (please print – first, middle initial, last)

 Property Owner's Managing Agent (if applicable)

 Property Owner's signature / Authorized Agent

 Other Mailing Address / Agent Address (If different from Service Address)

 Primary Phone #: Secondary Phone #:

 E-Mail Address

Tenant signs here if owner is requesting tenant to receive and pay bill for owner:

I agree to promptly pay all water and wastewater charges for the above service address accrued during the period I am leasing the property covered by this Tenant Direct Billing Agreement.

 Tenant's name (please print - first, middle initial, last)

 Other Mailing Address (If different from Service Address)

 Tenant's signature

 E-Mail Address

 Primary Phone #: Secondary Phone #:

 Secondary Phone #:

Residential: Anyone else that is 16 years old or older who lives in your household:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Please mail completed and signed form to Heath Water Department, 1287 Hebron Rd., Heath, OH 43056 or drop off in Utilities drop box located outside in the municipal building parking lot. You may also scan and email a signed form to utilitybilling@heathohio.gov