

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Former Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 SSN#: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**OFFICE USE ONLY**      **RENTER**  
 Deposit Paid: \_\_\_\_\_ Date: \_\_\_\_\_  
 Owner of Property: \_\_\_\_\_  
 Owner Address: \_\_\_\_\_  
 Former Tenant: \_\_\_\_\_  
 Old Acct#: \_\_\_\_\_ New Acct#: \_\_\_\_\_  
 Last reading: \_\_\_\_\_ Date: \_\_\_\_\_

**VILLAGE OF BALTIMORE  
 WATER AND WASTEWATER DIVISION APPLICATION FOR WATER**

Subject to the rules and regulations governing the furnishing of water, and all ordinances and laws pertaining thereto, now in force or which shall later become in force, the undersigned hereby makes application for water to be turned on for use at premises known as stated above on the records of the Village of Baltimore Water/Wastewater Department, and said consumer hereby agrees to become responsible for, and to make prompt payment of water rents, and all charges and fees connected thereof made in office of Village of Baltimore Water/Wastewater Department. Listed below are consumer and all others living in residence and employment:

<b>Consumer</b> _____	<b>Age</b> _____	<b>Employer</b> _____
<b>Name</b> _____	<b>Age</b> _____	<b>Employer</b> _____
<b>Name</b> _____	<b>Age</b> _____	<b>Employer</b> _____

The bill is payable at the water/Wastewater Department office by the 20th of the month. If payment is not made by the 20th of the month service may be discontinued and a fee may be charged before service is resumed.

I hereby further agree to use all reasonable precautions to protect the meter from freezing and all other water works property in my possession, from damage and provide a suitable place, subject to the inspection and approval of the Village of Baltimore Water/Wastewater Department, for the installation of the meter. to report all imperfections in same and pay cost of repair unless it is evident that damage is due to imperfection in material and workmanship furnished by said department.

It is agreed that tampering with the meter or its seals shall constitute cause for its removal and discontinuance of service.

I further agree to permit any authorized person or persons, upon order of the Village of Baltimore Water/Wastewater Department to enter upon the above-described premises at any time to read or inspect the meter or to make any repairs necessary. I further agree to pay the sum of \$20.00 for valve service and the initial installation should it become necessary to open or close a service valve because of my negligence, failure to pay water rent when due, failure to abide by any rules or regulations or upon my order.

The consumer has read the above statement, understands and agrees to abide by the above.

<b>Consumer Signature</b> _____	<b>Date</b> _____
<b>Clerk's Signature</b> _____	<b>Date</b> _____

# Village of Baltimore

## Taxpayer Registration

Please PRINT all requested information. The information reported on this form will be used to establish your Taxpayer Account with the Village of Baltimore, and will be held in strict confidence. Please return completed, signed form to: Village of Baltimore, 103 W. Market Street, Baltimore, Ohio 43105

### RESIDENT/NON-RESIDENT INFORMATION

Please complete this section if you reside in Baltimore OR, if you work within the Village of Baltimore.

1. Name \_\_\_\_\_ 2. Social Security #: \_\_\_\_\_

3. Name: \_\_\_\_\_ 4. Social Security #: \_\_\_\_\_

5. Name & Social Security Number of All Other Adults Living in the Residence: \_\_\_\_\_

6. Current Address: \_\_\_\_\_

7. Previous Address: \_\_\_\_\_

8. Telephone Number: \_\_\_\_\_

9. Date Moved To Current Address: \_\_\_\_\_

10. Signature \_\_\_\_\_

II. Date: \_\_\_\_\_

#### MANDATORY FILING REQUIREMENT

*All residents of the Village of Baltimore are required to file a Baltimore Income Tax Return each year, regardless of income. Tax is due on all income earned while a Baltimore resident. Water service cannot be transferred until this form is submitted.*

### BUSINESS/RENTAL INFORMATION

1. Type of Organization:  Corporation  Partnership  Non-Profit  Limited Liability Company  Other: \_\_\_\_\_

2. Federal ID Number, or Social Security Number: \_\_\_\_\_

3. Local Name & Address as used for business purposes (or local address of rental property):

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

4. Mailing Address (For receipt of forms, correspondence) if different than above:

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Date you began operations in Baltimore, or began withholding for a Baltimore resident: \_\_\_\_\_

We have no employees working in Baltimore. We are withholding as a courtesy for employees who live in Baltimore.

6. Fiscal Year End (If Other than December): \_\_\_\_\_ 7. Nature of Business: \_\_\_\_\_

8. If Partnership, list Social Security Number, Name, and Address of partners: \_\_\_\_\_

Name of Person completing form: (please print) \_\_\_\_\_ Phone: \_\_\_\_\_

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