

**WOOSTER CITY SERVICES  
PROPERTY OWNER'S  
SERVICE DISCONNECTION REQUEST**

**Phone: 330-263-5228**

**Fax: 330-263-5262**

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To request service disconnection of a tenant who has a delinquent water bill, complete this agreement, sign, date and deliver to Wooster City Services, 538 N Market Street, Wooster OH 44691.

**Tenant Name** \_\_\_\_\_

**Service Address** \_\_\_\_\_

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In accordance with the City of Wooster Codified Ordinances and Utility Services Specifications and Guidelines, I hereby request the above service address be mailed a service disconnection warning. I agree that if all delinquent amounts and fees are not paid within ten days of the warning being mailed, the water service will be disconnected.

Once the service disconnection warning is delivered, no payment arrangement, **EVEN WITH OWNER APPROVAL**, will be made regarding this bill. Either the property owner or the tenant may pay the delinquent balance in full to avoid a disconnection. A fee of \$5.00 is added to the delinquent water bill when the shut-off warning is delivered. If service is disconnected a disconnection fee of \$50.00 is added to the delinquent water bill. If inside access is required to disconnect service a \$75.00 disconnection fee is added to the delinquent water bill. All fees and delinquent charges must be paid in full to reconnect service.

By signing this form the property owner/manager guarantees access will be provided if inside disconnection is required. Failure to provide access will result in future billings for this property reverting to the property owner along with all current and past due charges.

**I hereby certify that this request for service disconnection is made in accordance with Ohio law, and that I will defend and hold the City of Wooster harmless in the event it becomes a defendant in a civil action based upon my conduct in relation to this request.**

**Owner, Agent, Mgr. Name** \_\_\_\_\_

(Please Print)

**Telephone** \_\_\_\_\_ **Date Requested** \_\_\_\_\_

**Owner, Agent, Mgr. Signature** \_\_\_\_\_

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**For office Use Only:**

Account Number \_\_\_\_\_ Amount Due \_\_\_\_\_

Tag Sent/Delivered \_\_\_\_\_ Date Due \_\_\_\_\_

You may copy this blank form to use for future service disconnection warnings or download the form from [www.woosteroh.com](http://www.woosteroh.com) under the "City Services" link.