CITY OF ASHLAND, OHIO UTILITY BILLING 206 Claremont Ave. Ashland, OH 44805



LANDOWNER AUTHORIZATION FORM

Phone: (419) 289-8322 Fax: (419) 281-9135

I	recognize and acknowledge that I as
(Landowner\ Manager)	-
the property owner for said property	
	(Service Address)
am responsible for all City Utility bi	lls. (See Ordinance No. 23-05, Codified Ordinances
Section 927.02, paragraph 34).	
For convenience purposes, I request	that you forward future City Utility bills to
(Tenant)	at the Service address listed above, starting
On(Starting date)	I understand that it is my responsibility to
notify the City Utility office of any c	hanges in tenancy at such time as a change occurs.
(Signature)	(Date)
etc.	e notified of all Delinquencies, Final bills, result in the Account billing to be sent to
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ACCOUNT #:	