



CELINA UTILITIES

426 W. Market Street
Celina, OH 45822
419-586-2311

AUTOMATIC TRANSFER OF SERVICE AGREEMENT

Address/s of Utility Service _____

Property Owner/Address _____
Name

Street

City/State/Zip

Telephone Number _____ Social Security Number _____

Type of Service	
Electric Year Round <input type="checkbox"/>	Water Year Round <input type="checkbox"/>
Electric Seasonal <input type="checkbox"/> (Nov. 15 – Apr. 15)	Water Seasonal <input type="checkbox"/> (Nov. 15 – Apr. 15)
	Water Off <input type="checkbox"/>

You are requested to automatically transfer utility services, as indicated above to my name when receiving a disconnect request from a tenant at the above address/s. It is understood that I will assure payment responsibility from said date of transfer including minimum charges for electric, water and sewer.

Owner Signature / /
Date