

Application for Duplicate Billing Highland County Ohio Sewer District

Account Number: _____

Service Location: _____

Tenant Name(s): _____

Tenant Address: _____

Tenant Address 2: _____

City: _____ State: _____ Zip Code: _____

Tenant Phone Number: _____

Terms and Conditions:

1. Duplicate billing shall in no way be construed by either party as a waiver of the Sewer District's rights to file a lien or liens against the real property pursuant to statutory authority of Highland County.
2. This duplicate billing shall not relieve the property owner or the property itself of liability for any and all unpaid sewer charges or penalties. ***If the account is unpaid by the tenant for a total of 3 months, the services will be disconnected per the Sewer Ordinance, and this contract will become null and void.***
3. In the event of a change of tenants, the property owner must notify, in writing, the Sewer District within 30 days, and submit a new form for the new tenant.
4. **ACCOUNT BALANCE MUST BE \$0 FOR THIS FORM TO BE PROCESSED.**

Return this application to the Highland County Auditor's Office at 119 Governor Foraker Place or mail to PO Box 822 Hillsboro OH 45133

Date: _____

Owner's Printed Name(s): _____

Owner's Signature(s): _____

Owner's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

For Office Use Only:

Approved By: _____

Date: _____

Additional Information: