

NEW SERVICE FORM
VILLAGE OF SHADYSIDE WATER & SEWAGE DEPT
50 E 39th ST, SHADYSIDE OH 43947
740 676 4313

NEW HOMEOWNER DEPOSIT

Date _____ Account # _____

Name(s) on the account _____

Service Address _____

Mailing address if different from service _____

Telephone number(s) _____

Start date _____

Email _____

Deposit \$100 _____ Paid _____ Unpaid _____

A deposit of \$100 is required when opening a new account. The deposit will be applied to your final bill and any unpaid amount exceeding \$100 will be billed to you. If any amount of the deposit remains, it will be refunded to you once the final bill is paid in full. Deposit will be credited in full to account after 10 years of ownership.

Bills are mailed on or about the _____ of the month and due by the _____ of the following month. A 15% penalty is applied after the due date. Failure to receive your bill does not exempt you from the penalty. You may call our office to check your balance if you do not receive a bill.

CUSTOMER SIGNATURE _____

FOR TRASH PICK UP CALL
OHIO VALLEY WASTE CO. 740 676 1937