

APPLICATION FOR NEW OWNERSHIP AND/OR NEW ADDRESS

Holmes County Sewer District

7191 S.R. 39  
P.O. Box 90  
Millersburg, OH 44654  
330-473-4555

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Sewer Service Address: \_\_\_\_\_

\_\_\_\_\_

Change of: (check all that apply)

Ownership

Billing Address

**A. Current Owner:**

Current Owner Name: \_\_\_\_\_

Current Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Change of Billing Address:**

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

**B. New Owner:**

New Owner Name: \_\_\_\_\_

New Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

X \_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Print Property Owner Name

X \_\_\_\_\_  
Wastewater Official Signature

\_\_\_\_\_  
Date