

—THE VILLAGE OF— SWANTON

219 Chestnut Street
Swanton, Ohio 43558
T: 419.826.9515
F: 419.825.1827
www.villageofswantonohio.us



MAYOR
Neil Toeppe

COUNCIL MEMBERS
Tony Stuart
Kathy Kreuz
Dave Pilliod
Michael Rochelle
Craig Rose
Dianne Westhoven

ADMINISTRATOR
Rosanna Hoelzle

FINANCE DIRECTOR
Jennifer Harkey

Welcome to the Village!

A few key points regarding your Utility Bill.

- Bill is due on the 15th of each month
- 10% penalty on past due balance
- Shut-off for nonpayment occurs on the 2nd of each month

Bill and Payment Options:

- **Go paperless!** Sign up to receive bills, reminders and receipts via email. Call 419-826-9515 option 1.
- **ACH Direct Payment:** FREE Automatic monthly bank withdrawal on the 15th each month. ACH Form is available online or office.
- **Pay by Phone 24/7:** Call 1-877-493-5091 to check the balance or make a payment. FEES APPLY to make a payment. No charge to check balance.
- **Pay Online with credit card or bank account:** No registration required for one-time payment. FEES APPLY
- **Pay by Text:** Get text notifications about your bill and make a payment 24/7. FEES APPLY
- **Bill Pay:** Processed through your bank. Allow 7-10 days prior to due date of Utility Bill for processing.
- **Utility Payment Box:** Located on the east side of the building next to the Police Station. Look for bright yellow security poles! Additional payment box available inside office lobby during business hours.
- **Mail:** Mail payment to 219 Chestnut Street, Swanton, OH 43558. Please do not mail cash.
- **Payment plans:** May be available depending on circumstances. Call 419-826-9515 option 1 to discuss.

If you move out of the Village, you must call our office to schedule a final reading of your water bill. Otherwise, you will continue to be billed.

Please sign and date:

Print name and address

X

Signature

Date

Revised December 22, 2020

PREAUTHORIZED BANK PLAN

For the direct payment of (ACH) of utility payments.

FEIN 34-6401382

I hereby authorize the Village of Swanton to initiate debit charges to my checking/savings account indicated below at the bank named below, hereinafter called Bank and to debit (charge) the account. Utility payments will be deducted on the 15th of every month. A monthly bill will be sent to the physical address **or** email address on file, indicating the amount that will be debited (charged). There is **no fee** for this service.

If you would like to sign up for emailed statements, please visit
<http://villageofswantonohio.us/residents/utility-billing/> for more information.

This authorization is to remain in effect until the Village of Swanton is notified in writing by the account holder. The cancellation notice will afford the Village of Swanton a reasonable length of time to act on such notification. The Village of Swanton reserves the right to terminate customer participation in ACH payments for good cause.

A fee of \$25.00 will be charged if a debit (charge) is returned to the Village of Swanton for insufficient funds.

Customer Name: _____

Service Address: _____

Customer Phone: _____

Email address for bills: _____

Utility Account Number: _____

Please indicate either Checking ☐ Savings ☐ * Attach voided check or deposit slip

Bank Name: _____

Routing Number: _____

Account Number: _____

Customer Signature: _____ Date: _____

Please return completed form with your next utility payment.

—THE VILLAGE OF— SWANTON

219 Chestnut Street Swanton, Ohio 43558

P: 419.826.9515 | F: 419.825.1827

www.villageofswantonohio.us

WATER/SEWER SERVICE APPLICATION AND CONTRACT

★ COMMERCIAL PURCHASE ★

Date _____

Service Address _____

Applicant 1 _____ EIN: _____

Applicant 2 _____ EIN: _____

Daytime phone # _____ Evening phone # _____

Email _____

Have you previously: ☐ Lived in the Village of Swanton? ☐ Had established utility service in the Village of Swanton?

If yes, Where? _____

**** Each service account will receive a minimum MONTHLY bill (due the 15th of the month) as long as the service is turned on.**

**** Transfer will not be done without a move-in reading of the main meter.**

**** All residents are responsible to file an annual Village of Swanton Municipal Income Tax return with the Regional Income Tax Agency.**

I/We, the owner(s) of the above-named property, hereby guarantee payment of bills for the service requested, hereinafter called "Service." I/We understand that I/we may assign the payment of such Service to a lease holder of the property, but that this does not relieve me/us of the responsibility for payment in the event of non-payment by a lease holder. I/We understand that a delinquent Service account will be disconnected for non-payment and will not be restored until all past due balances, including the disconnect/reconnect fee, are paid in full. I/We agree to comply with all Service-related rules and regulations as adopted by the Village of Swanton.

Service should be turned on/move-in reading done at this property on _____

Check if applicable: ☐ This address will be a rental property and I/we authorize lease holder(s) to put service in their name(s) *
☐ Please email copy of utility bill to landlord

**Separate lease holder service application/contract required. Lease holder may NOT have delinquent utility and/or Village of Swanton Income Tax accounts in order to establish service in their name(s) as per the Village of Swanton Codified Ordinance § 52.07.*

Service bills should be mailed to: ☐ Service address above ☐ Other: _____

I/We certify the above information to be true and correct and agree to the terms of this contract.

Applicant 1 Signature

Applicant 2 Signature

OFFICE USE ONLY

Verified: Ownership _____ Photo ID _____ Clerk _____ Date _____

Municipality _____

Business Type

- ☐ Corporation ☐ Non-Profit
☐ S-Corp ☐ Estate & Trust
☐ LLC ☐ Sole Proprietor / LLC
☐ Partnership

Reason for Registration

- ☐ Courtesy withholding for an employee's resident municipality
☐ Doing business within the municipality this year (temporary)
Approx. # of days _____ Start Date _____
☐ Business with a fixed location
Date business began at this location _____

Company Information (List physical address of work performed within this municipality)

Name: _____ Federal ID #: _____
Address: _____ SSN : _____
City/State/Zip: _____ (required if sole proprietorship)
Mailing Address (for withholding tax forms / if different from above) _____
Mailing Address (for net profit tax forms / if different from above) _____

***Please note that your Federal Identification Number will serve as your RITA account number.**

Filing Status:

- ☐ Calendar year ☐ Fiscal year / month ending _____

Do you have any employees? ☐ Yes ☐ No

Number of employees at RITA location _____

My withholding is filed under a 3rd party account (PEO or common paymaster) ☐ Yes ☐ No

If yes, list Federal ID # _____

Monthly gross payroll at RITA location \$ _____

I am a small employer (under \$500,000 in gross revenue during previous year) ☐ Yes ☐ No

Contractors

I am a contractor ☐ Yes ☐ No

Will you be using sub-contractors? ☐ Yes ☐ No

If yes, complete page 2.

Total contract amount of the project \$ _____

The Information Hereby Submitted is True and Correct.

Print Name _____ Title _____ Phone Number _____

Signature _____ Date _____

Please complete and sign this Registration Form and return within 10 business days. Please be advised that failure to timely register with RITA may result in delays in the processing of any required income tax filings or may result in future penalty and interest charges, if applicable. If you have any questions please contact the Registration Department at the number below.

Mail to: RITA
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900
BROADVIEW HEIGHTS, OH 44147-7900

ritaohio.com

Call: 800.860.7482, ext. 5008
TDD: 440.526.5332
Fax: 440.526.3136

| | | |
|---|--------------------------|----------------------|
| Sub-contractor Name / Address | | \$ |
| | Contact Name | Contract Amount |
| | Phone Number | Estimated Start Date |
| | EIN or Social Security # | Trade |
| Sub-contractor Name / Address | | \$ |
| | Contact Name | Contract Amount |
| | Phone Number | Estimated Start Date |
| | EIN or Social Security # | Trade |
| Sub-contractor Name / Address | | \$ |
| | Contact Name | Contract Amount |
| | Phone Number | Estimated Start Date |
| | EIN or Social Security # | Trade |
| Sub-contractor Name / Address | | \$ |
| | Contact Name | Contract Amount |
| | Phone Number | Estimated Start Date |
| | EIN or Social Security # | Trade |
| Sub-contractor Name / Address | | \$ |
| | Contact Name | Contract Amount |
| | Phone Number | Estimated Start Date |
| | EIN or Social Security # | Trade |
| Sub-contractor Name / Address | | \$ |
| | Contact Name | Contract Amount |
| | Phone Number | Estimated Start Date |
| | EIN or Social Security # | Trade |
| *If more space is needed, you may attach a separate schedule that includes ALL of the required information listed above. | | |