Application/Contract for Utility and Refuse Service for the City of Tipp City

Tipp City Utilities 260 S. Garber Tipp City, OH 45371 Phone: 937-667-8424 www.tippcityohio.gov Fax: 937-667-5816

Today's Date _____ **Service Start Date** _____

☐ **Own** ☐ **Rent** ☐ **Landlord**

Services Address: Street Number / Street Name / Apt.#	*Office Use Only* Account Number
Name: (Last, First, Middle Initial)	Employer:
Co-Applicant Name:	Employer Address:
Mailing Address: (If different from service address)	Employer Phone Number:
Home Phone:	Cell Phone #
Drivers License Number:	Birth Date:
E-mail Address:	E-mail Monthly Utility Bill ☐ Yes ☐ No
Landlord's Name	Landlord's Phone Number:

IN CONSIDERATION OF RECEIVING CITY UTILITY/REFUSE SERVICES, YOU, THE SIGNER/S, AGREE TO AND ARE SOLELY RESPONSIBLE FOR THE FOLLOWING:

1. For the timely payment of ALL BILLS while the utility service is in your name. This includes electric, water, sewer, and refuse charges, if serviced by Tipp City Municipal Utilities. If these charges are not paid in a timely manner, the City of Tipp City reserves the right to terminate all services.
2. Requesting termination of service. Applicant is responsible for contacting the Tipp City Utility Division 24 hours prior to vacating the property. Applicant is responsible for all charges for services provided to the premises until both such notice has been given and the Utility Division has made the final reading.
3. That you will abide by all rules and regulations passed by Ordinance and Resolution and/or Adopted Policies for Utility services.
4. If you, your spouse, or any member of your current household owes to the City of Tipp City any past due/delinquent bills, you will pay all of these bills IN FULL before any service will be provided at the above service address. Additionally, if after this service is provided by the City of Tipp City, it is found that such past due/delinquent bills do exist, current service may be discontinued, without liability to the City, until payment of the prior bill/s is made in full.
5. That you have read, understand and agree to the information listed on the **front** and **back** of this form and that you are 18 years of age or older.
6. Tipp City Utilities sends copies of all "Payment Reminders/Disconnection Notices" to the property owners as the water, sewer and refuse constitute a lien on the property and ultimately become the property owners responsibility.

Signature _____ **Date** _____/_____/_____
Owner/Resident/Tenant

Signature _____ **Date** _____/_____/_____
Co-Applicant

FOR OFFICE USE ONLY
Deposit Received: $_____ ☐ **Cash** ☐ **Check#** _____

Application is void without official seal.

UTILITY/REFUSE SERVICE INFORMATION

Billing and Payment for Service

Utility/Refuse bills are mailed on approximately the 25th of each month and due by the 10th of the following month. If payment is not made by the 10th of each month a 10% late fee will be incurred on the current month's unpaid balance. Any utility account with an outstanding balance remaining on the 20th of the month will be processed for disconnection of service. Tipp City Municipal Utilities accepts cash, check, or money order. You may view your utility account on line at www.tippcityohio.gov. Payments may be made at the Utility Office at 260 S. Garber, Tipp City, by mail, by night drop which is located in the lobby of the Government Center, by auto deduction from a checking or savings account, on line at our website or at Monroe Federal located in downtown Tipp City. Forms for auto deduction are available upon request. If you do not receive your Utility/Refuse bill by the 1st of each month, please call the Utility Office at 937-667-8424.

Voluntary Termination of Services

A customer who intends to move from the service premises or discontinue services shall give the City's Utility Department a notice of such intention no later than 24 business hours before moving. The customer shall be liable for all services that may be provided to the service premises until both such notice is given and the Utility Department has made the final reading.

Collection of Delinquent Account

If a final bill remains unpaid or arrangements for payment are not made to the satisfaction of the City, the account will be turned over to the City Law Director for further action.

Return of Deposit

Upon discontinuation of service, such deposit will be credited to the customer's Final bill. Final bills will show a (credit) for the deposit applied. A bill will be issued for the difference if the final charges are more than the deposit. If the final bill is less than the deposit a refund check will be issued for the difference.

Refuse Information

Waste Management, Inc. is the contract hauler for residential trash removal and recycling services within Tipp City corporation limits. All residential dwellings in Tipp City are required to use Waste Management as their refuse hauler. The billing for refuse will be part of your utility bill. If you have any questions on the billing of refuse or need any additional services (i.e. toters or recycling containers), please contact Tipp City Utilities at 937-667-8424. If you have any questions or problems with service (i.e. what day do they pick up my trash, large item pick up, or they didn't pick up my trash), please contact Waste Management at 1-866-695-3433. If you are in need of the brown lawn bags or need additional low volume trash bags, they are available at the Tipp City Government Center.

Other Information

Telephone Service:	Frontier	1-800-483-4000	
Cable Service:	Time Warner	937-667-8302	1440 Commerce Park Drive, Tipp City, OH 45371
Natural Gas:	Vectren	1-800-227-1376	
Post Office:	Tipp City Post Office	937-667-3012	520 N. Hyatt, Tipp City, OH 45371
Lines marked:	OUPS	1-800-362-2764	Call before you dig so under ground lines can be marked
Register to Vote:	Board of Elections	937-440-3900	Register/where do I vote?
License/Plates:	Bureau of Motor Vehicles	937-335-6225	1275 Experiment Farm Road, Troy, OH 45373
City Website:	www.tippcityohio.gov		
Outage or Water Problem after 5PM		937-667-3112	
Chamber of Commerce		937-667-8300	

Tipp City Staff Directory

City Mgr/Clerk of Council	667-8425
Assistance City Manager's Office	667-6305
Utilities Director	667-6305
City Engineer	667-6305
Planning and Zoning	667-6305
Utility Billing Supervisor	667-8424
Finance Director	667-8424
Income Tax Department	667-8426
City Law Director	222-6667

Electric Department	667-0519
EMS Department	667-1680
Fire Department	667-3112
Parks Department	667-7538
Police Department	667-3112
Street Department	667-8234
Water Department	667-7298

Tipp City, Ohio

"Our Image Is Growing"

DIVISION OF TAXATION

RE: NEW RESIDENT REGISTRATION QUESTIONNNAIRE

Dear Resident,

We want to take this opportunity to welcome you to our City.

Tipp City requires all residents to file an annual Tipp City income tax return. Filing is required even if no tax is due and is also a requirement of residents who do not work. Residents should also file an annual return if they were a resident of Tipp City for a portion of the year.

Tipp City's income tax rate is 1.50%. If you are currently paying income tax to another Ohio city or village, Tipp City will give you credit up to 1.50% for any tax withheld from your wages.

Please complete the attached questionnaire and return it to the Tipp City Tax Department as soon as possible. Our office hours are Monday thru Friday from 8 am to 5 pm or can be mailed to:

Tipp City Department of Taxation

260 South Garber Drive

Tipp City, Ohio 45371

Sincerely,

Tipp City Tax Department

CITY OF TIPP CITY
RESIDENT INCOME TAX QUESTIONNAIRE

PLEASE COMPLETE ALL ITEMS AND RETURN THE QUESTIONNAIRE TO:
TIPP CITY DEPARTMENT OF TAXATION, 260 S. GARBER DR., TIPP CITY, OH 45371-3116

VOICE (937) 667-8426
FAX (937) 667-6734

NAME_____ SPOUSE'S/COMPANION'S NAME_____

SOCIAL SECURITY # (YOURSELF) _____-_____-_____

SOCIAL SECURITY # (SPOUSE/COMPANION) _____-_____-_____

CURRENT ADDRESS_____ DATE MOVED IN_____

FORMER ADDRESS_____

PHONE (HOME)_____ PHONE (WORK)_____

E-MAIL ADDRESS_____

OTHERS IN HOUSEHOLD_____ AGE_____ SS#_____-_____-_____

_____ AGE_____SS#_____-_____-_____

OCCUPATION_____ SPOUSE'S/COMPANION'S OCCUPATION _____

ARE YOU SELF EMPLOYED? YES____ NO____ ARE YOU SELF EMPLOYED? YES_____ NO_____

EMPLOYER_____ SPOUSE'S/COMPANION'S EMPLOYER_____

ADDRESS_____ ADDRESS_____

_____

(PLEASE INDICATE ACTUAL LOCATION OF EMPLOYMENT, NOT NECESSARILY HOME OFFICE)

IF RETIRED, INDICATE DATE OF RETIREMENT _____

DO YOU HAVE RENTAL INCOME? YES _____ NO _____

LOCATION OF RENTAL PROPERTY _____

DO YOU HAVE OTHER INCOME? (GAMBLING WINNINGS, S-CORP, PTR, LLC, LLP) YES_____NO_____

LIST SOURCE OF OTHER INCOME _____

DO YOU PAY INCOME TAX TO ANY CITY OTHER THAN TIPP CITY? YES _____ NO _____

GIVE NAME OF CITY/CITIES TO WHICH TAXES ARE PAID _____

_____ _____ _____ _____

SIGNATURE DATE SIGNATURE DATE

C:\LETTERS\QUEST

Tipp City

Council-Manager
Government

Tipp City Utilities offers Automatic Deduction from a bank account. The deduction occurs on the 10th of the month. If you are interested in signing up for Automatic Deduction, please **accurately complete, sign** and **returned this form to the Utility Department** in order for the deduction to begin. Please include a **voided check** if the deduction is to come from a checking account.

This is my authorization for Tipp City Utilities to automatically

debit my ( ) checking ( ) savings account _____,
(Account Number)

_____ at the _____ branch of
(Bank Transit/ABA/Routing Number) *(Branch)*

_____ in _____,
(Financial Institution) *(City)*

_____.
(State)

I understand that this authorization will be in effect until I notify Tipp City Municipal Utilities in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if it is within (15) calendar days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first. I must give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

_____ _____
(Address) *(Utility Billing Account #)*

_____ _____
(Date) *(Signature)*

260 S. Garber Drive • Tipp City, Ohio 45371-3116
(937) 667-8424 • 937-667-5816 (Fax)
www.tippcityohio.gov