



December 1, 2025

Dear Country Estates Resident,

The Monroe Township Water & Sewer District (the District) approached the City of Tipp City (the City) with a request for the City to acquire the District's water and sanitary sewer infrastructure in your area. This will make future repairs and maintenance of these utilities the responsibility of Tipp City. Tipp City's City Council agreed and has passed a resolution granting the City Manager, Eric Mack, authority to enter into an agreement with the Monroe Township Water & Sewer District for the acquisition of these facilities. This letter is being sent from the City's Utility Billing Department, which will be taking over the monthly billing processes once the contract has been signed and is in effect, potentially sometime during the first quarter of 2026. You will, at that time, receive a FINAL utility bill from Miami County and the following month a regular monthly utility bill from the City of Tipp City.

Included in this envelope are an application for utility services (water and/or sewer), an automatic payment deduction form, a questionnaire regarding wells & backflow devices as well as a return envelope to use when the forms are completed and ready to be returned. The application & well/backflow questionnaire are **required** forms. Please complete these forms thoroughly. Return both of these forms in the enclosed envelope. If you have any questions while completing these forms you may contact the City's Utility Billing office at (937) 667-8424, M-TH 7:30 a.m. to 5:00 p.m. The automatic deduction form (ACH) is voluntary. Tipp City offers ACH as a form of payment where the City will automatically deduct the monthly amount due directly from your checking or savings account. There is no fee for this payment method. You will need to include either a voided check or something official from your bank that includes your name, routing number and account number. The new utility bill once received from Tipp City will be due on the 10th of each month. The ACH deduction (if chosen) will occur monthly on the 10th or the first business day after.

We look forward to serving you and kindly ask that the application for service, ACH form (if applicable) & the questionnaire to be returned no later than **January 15, 2026**.

You may call 937-667-8424 with any questions related to billing.

Kind Regards,

John Green
Finance Director



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: 937-667-6734

Today's Date: _____ Service Start Date: _____

Service Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Landlord			FOR OFFICE USE ONLY	
Street Number:	Street Name:	Apt. #	Refuse Rate:	Account Number:
Name: (Last(include maiden), First, Middle Initial)			Driver's License #:	Date of Birth:
Co-Applicant Name:(Last(include maiden), First, Middle Initial)			Driver's License #:	Date of Birth:
Mailing Address: (If different from service address)			Cell Phone #:	
Mailing Address: (City, State, Zip)			Home/Cell/Other Phone #:	
Email Address:			Employer Name:	
Employer Phone #:			Employer Address:	
Landlord's Name:			Landlord's Phone Number:	

IN CONSIDERATION OF RECEIVING CITY UTILITY/REFUSE SERVICES, YOU, THE SIGNER(S), AGREE TO AND ARE 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 Billing Department 1 business day 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 Billing Department has processed the final bill. Forms to request termination of services can be found on the City's website, www.tippcityohio.gov.
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 bill does exist, current service may be discontinued, without liability to the City, until payment of the prior bill 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. If your account becomes delinquent, Tipp City Utilities sends copies of all "Payment Reminder/Disconnection Notices" to the property owner as the unpaid water, sewer and refuse charges constitute a lien on the property and ultimately become the property owner's responsibility.
7. Privacy Policy: The City of Tipp City will not sell any personal information (name, address, phone number, email address, etc.) from this application or updates to your utility account to any third party. This information will only be utilized by the City of Tipp City and specified contracted vendors.

Signature: _____ Date: ____/____/____

Owner/ Tenant/Landlord

Signature: _____ Date: ____/____/____

Co-Applicant

FOR OFFICE USE ONLY		FOR OFFICE USE ONLY	Initials:
Deposit Received: \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check#:	<input type="checkbox"/> Lease Copy Received	

Application is void without official seal.



December 1, 2025

TO: Monroe Township Water & Sewer District Customer in Country Estates

RE: Well & Backflow Prevention

Customer Name: _____

Service Address: _____

Do you have an active well on your property? YES or NO

Do you have a backflow device registered with Miami County Public Health? YES or NO

Customer's Signature: _____ Date: _____

FREE – No Fee to Participate

Tipp City Utilities offers Automatic Deduction from a bank account. The deduction occurs on the 10th of the month. You will still receive your monthly bill as you currently do whether mail or e-mail; it will simply state "Auto Deduct to Occur on the 10th." 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.

Required: You must include either a voided check or an official document from your bank including your name, account # and routing #.

This is my authorization for Tipp City Utilities to automatically debit my () checking () savings account

(Account Number)

(Bank Transit/ABA/Routing Number)

at _____
(Financial Institution)

**ATTACH VOIDED CHECK OR OFFICIAL BANK
➔ DOCUMENT HERE ➔**

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)

(Phone)

(Signature)

For Office Use Only: ☐ Change of Bank Account Only

Special Notes: _____

Rec'd Date & Employee

Bill Due Date to Begin

New Acct Start Date

Entered

Checked for 1st ACH

260 S. Garber Drive • Tipp City, Ohio 45371-3116

(937) 667-8424 • 937-667-6734 (Fax)

www.tippcityohio.gov