Jacksonville Water Office
P.O. Box 99
Jacksonville, OH 45740
Phone: (740) 767-2400
Email: water@jacksonvilleoh.com

Water Customer Agreement

This institution is an equal opportunity provider.
Ordinances regarding costs, fees, delinquencies and termination are available online at www.jacksonvilleoh.com.

Move In/Purchase Date: _____ **Account Number:** _____

Service Address: _____

Full Name: _____

Date of Birth: _____

Mailing Address: _____

Home Phone: _____ **Cell Phone:** _____

Only complete the below section if you are <u>not</u> listed as the current owner of the property:

Property Owner Name (name currently on file with Athens County Auditor):

_____

Property Owner Mailing Address:

_____

Property Owner Home Phone: _____ **Cell Phone:** _____

Water Rates	**0-2,000 gallons**	**over 2,000 gallons**	**Storm Sewer**
In Town	$ 43.26	$ 1.60 per 100	$5.00
Out of Town	$ 58.71	$ 2.32 per 100	$0.00

Water meters are read on or about the 15th of each month. Water bills are sent on or about the 25th of each month. Water payments must be received by the Jacksonville Water Dept. by the 15th of each month to avoid late charges. Water bills are considered delinquent on the 16th of each month. Cash payments are accepted by the Jacksonville Water Dept. Payments can be made by mail to P.O. Box 99, Jacksonville, OH 45740 or in person or using our outside drop box at 34 S. Sixth Street or First National Bank in Glouster, OH. Returned checks are subject to a $35.00 fee.

I understand that I may be responsible for additional collection costs should I not pay my bill, and my account is forwarded to the Athens County Auditor for collection. I do hereby certify that the above is true and correct. By signing this application, I acknowledge that I have been given the opportunity to receive a signed copy of this service agreement.

☐ I acknowledge that I have been provided a copy of Ordinance 2023-14 Establishing Water Rules, Regulations and Rates of the Village of Jacksonville.

Signature: _____ Date: _____

Please also complete reverse side of form required by Federal Government.

The following information regarding race, national origin, and gender is requested to assure the Federal Government, acting through the United States Department of Agriculture, Rural Development, that the Village of Jacksonville is complying with Federal Laws prohibiting discrimination against applicants.

You are NOT required to provide this information, but ARE encouraged to do so. This information will NOT be used in evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish this information, the Village of Jacksonville is required to note your race, national origin and gender on the basis of visual observation or surname.

RACE

☐ American Indian/Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White/Caucasian

GENDER

☐ Female

☐ Male

ETHNICITY

☐ Hispanic or Latino

☐ Not Hispanic or Latino

HEAD OF HOUSEHOLD

Name: _____ Gender: ☐ Female ☐ Male