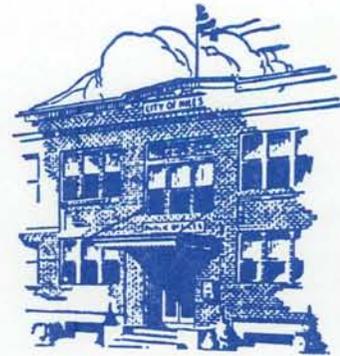


City of Niles, Ohio

Water and Light Billing Office

34 West State Street, Niles, Ohio 44446
(330) 544-9000 Ext. 1 • Fax: (330) 544-3429
www.thecityofniles.com



RENTAL / LEASE STATEMENT

(Both Pages **MUST** be completed and returned at the time of sign-up)

Renter/ Lessee Information

Name _____
Last (Please Print) First

Daytime Telephone Number (___) ___ - ___ Social Security Number ___ - ___ - ___

Rental Address

Street Address _____ Apartment No. _____

City _____ State _____ Zip Code _____

I, _____ certify that I reside at the above address and that I have an agreement or contract, written or oral, with the owner or agent of the property which permits me to reside there.

Renter (Lessee) Date

List ALL individuals Over the Age of 17 Also Residing at the above address (attach additional sheet if necessary)

NOTARY INFORMATION IN THIS SPACE

NOTICE TO RENTER / LESSEE: FALSIFICATION OF ANY INFORMATION ON THIS FORM WILL BE CAUSE FOR IMMEDIATE DISCONNECTION OF UTILITY SERVICES AND FORFEITURE OF ALL DEPOSITS.

Renter/lessee Initials

(Both Pages *MUST* be completed and returned at the time of sign-up)

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Renter/ Lessee Information (To be completed by the Landlord/Lessor)

Name _____
Last (Please Print) First

Rental Address

Street Address Apartment No.

City State Zip Code

Landlord / Lessor Information

Name: _____
Last (Please Print) First

Daytime Telephone Number (____) ____ - ____ SSN or Tax ID _____

I certify that I am the owner or agent of the property address listed above and that I have an agreement or contract, written or oral, with the above named person to reside on said property.

Landlord (Lessor) Date

NOTARY INFORMATION IN THIS SPACE

NOTICE TO LANDLORD/LESSOR: FALSIFICATION OF ANY INFORMATION ON THIS FORM WILL BE CAUSE FOR IMMEDIATE DISCONNECTION OF UTILITY SERVICES AND FORFEITURE OF ALL DEPOSITS.

Landlord/Lessor Initials