

City of Niles, Ohio

Water and Light Billing Office
34 West State Street, Niles, OH 44446
(330) 544-9000 Ext 1150 Fax: (330) 544-3429
www.thecityofniles.com

RENTER / LEASEE STATEMENT

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

TODAY'S DATE _____

MOVE IN DATE _____

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

Name: _____
Last (Please Print) First

Daytime Telephone Number (____) ____-____ Social Security Number (LAST FOUR)-____

Email Address _____ Check here if you want e-bills

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)

_____	_____
_____	_____
_____	_____
_____	_____

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LANDLORD / LESSOR STATEMENT

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

TODAY'S DATE _____

MOVE IN DATE _____

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 (____) ____-____ Social Security Number (LAST FOUR)-_____
OR
Tax ID _____

Email Address _____ Check here if you want e-bills

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. I also certify and acknowledge that I am aware of Niles Codified Ordinance #149.10.

Landlord / Lessor) Date