

Mike Porter
Mayor
419-946-3926

Village of Mount Gilead, Ohio
72 West High Street
Mt. Gilead, Ohio 43338

Sue Mermann
Clerk/Treasurer
419-946-4861

Dan Rogers
Administrator
administrator@mountgilead.net
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Income Tax
419-946-2592

APPLICATION FOR WATER/SEWER SERVICE

Date: _____

Name: _____

Phone : _____

I hereby make application to the Village of Mt. Gilead for water/sewer services to be supplied to:

Address _____

It is understood that a minimum monthly charge will be made where the water/sewer remains connected to lines whether or not there is any usage. I also agree to be responsible for water/sewer services to the above premises until notice to discontinue the supply has been given to the Utility Clerk's office at the Municipal Building. The minimum bill includes water, sewer, garbage and storm sewer.

I agree to follow all rules and regulations of the Village of Mt. Gilead's Water & Sewer Departments.

Print Name: _____

Date: _____

Signature: _____