

**Village of Thornville**  
**1 S. Main Street, Thornville, OH 43076**

WATER /SEWER SERVICE ACCOUNT

ACCOUNT NO. \_\_\_\_\_

Requested Date of Service- \_\_\_\_\_ ARE YOU PROPERTY OWNER- YES OR NO

<p><b>NAME-</b> _____</p> <p><b>SERVICE ADDRESS-</b> _____</p> <p><b>Mailing Address:</b> _____ _____ _____</p> <p><b>Phone Number:</b> _____</p>
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**New Service- Beginning Meter Reading** \_\_\_\_\_

<p><b>Requesting Water Service Turned on-Meter Reading</b> _____</p> <p><b>REQUESTED DATE FOR SERVICE:</b> _____ <b>(24 HOUR NOTICE REQUIRED FOR WATER TURN ON/SHUT OFF) (NO HOLIDAYS OR WEEKENDS)</b></p>
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<p><b>Terminating Service- Final Meter Reading</b> _____</p> <p><b>REQUESTED DATE FOR SERVICE:</b> _____ <b>(24 HOUR NOTICE REQUIRED FOR WATER TURN ON/SHUT OFF) (NO HOLIDAYS OR WEEKENDS)</b></p>
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<p><b>FORWARDING ADDRESS FOR FINAL BILL:</b> _____ <b>PHONE NUMBER</b> _____</p> <p><b>NAME:</b> _____</p> <p><b>MAILING ADDRESS:</b> _____ _____ _____</p>
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