



SIGN OFF FORM TO ACTIVATE WATER
WATER/SEWER SERVICES

Form to be completed and returned to the Marietta Zoning Department
 304 Putnam Street, Marietta, OH 45750 at the time the service is requested.

Date: _____
 Parcel #: _____
 Applicant's name: _____
 Applicant's Address: _____
 E-Mail Address: _____ Phone: _____

Type of Business Industrial Restaurant Commercial Other

Billing information: (name you want water/sewer service put into and billed)

Business Name: _____
 Business Address: _____
 Contact Person: _____
 Phone: _____
 Email: _____

<u>Water Distribution/Backflow Department</u>	<u>FOR OFFICE USE ONLY</u>
Address: 2000 Fourth St, P.O. Box 774, Marietta, OH 45750	
Phone: 740-374-6864, Fax: 740-376-2002	
Distribution Foreman:	Jeff Kephart Date: _____
Backflow Prevention:	Todd Hague Date: _____
Comments: _____	

<u>Wastewater/Prevention Department</u>	<u>FOR OFFICE USE ONLY</u>
Address: 440 E. Eighth Street, Marietta, OH 45750	
Phone: 740-373-3858, Fax: 740-373-8214	
Business has met City's Pretreatment Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pretreatment Coordinator:	Chris Adams Date: _____
Comments: _____	

Date Received at Water Office: _____

Date Service Begins: _____