



CANTON CITY UTILITIES
306 2ND ST SE
Canton OH 44702
P 330.649.8100
www. cantonutilities.com
Email: cantonutilities@cantonohio.gov

MASTER BILLING AFFIDAVIT

Account No. _____

Clerk _____

I, _____ being duly sworn according to law, do hereby state and aver that:

1. I am the legal title holder (owner) of property/properties located in the City of Canton and/or in Canton Water Department Service Area. This affidavit pertains to the following address:

2. I hereby authorize the CURRENT RESIDENT, who is residing at the address noted above, to serve as my agent for the specific and limited purpose of receiving billing notices issued by Canton City Utilities.
3. I further authorize the above-named agent to make payment on my behalf in a prompt and timely manner and according to the Rules and Regulations of the Canton City Water Department.
4. I acknowledge and agree that I am responsible for assuring that I have provided to Canton City Utilities, a complete, accurate and current address for my designated agent.
5. I further acknowledge and agree that as the property owner, I am ultimately responsible for payment of any unpaid charges and complete compliance with the payment obligations. I further acknowledge that I am responsible for payment despite any agreement that I may have with the tenant, vendee or other third party.

Further Affiant sayeth naught.

*AFFIANT

PROPERTY OWNERS ADDRESS

AFFIANT PRINTED NAME

PHONE

DATE

Sworn to before me and in my presence on the _____ day of _____ 20_____.

NOTARY PUBLIC

****FORM MUST BE NOTARIZED OR ACCOMPANIED BY COPY OF PHOTO IDENTIFICATION****

*AFFIANT IS THE INDIVIDUAL MAKING THE SWORN STATEMENT

Revised 8/30/21