

City of Marietta Sign Off Form to Activate Water Water/Sewer Services

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

Business Name _____

Business Address _____

Contact Person _____ Telephone Number _____

E-mail Address _____ Fax Number _____

Type of Business: ___ Industrial ___ Restaurant ___ Commercial ___ Other

Billing Information:

Business Name _____

Business Address _____

Contact Person _____

Telephone Number _____

Water Distribution/Backflow Department

FOR OFFICE USE ONLY

Address: 2000 Fourth Street, 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 _____

Wastewater/Pretreatment Department:

FOR OFFICE USE ONLY

Address: 440 E. Eighth Street, Marietta, OH 45750
Phone: 740-373-3858, Fax: 740-373-8214

Business has met City's Pretreatment Requirements _____ Yes ___ No

Pretreatment Coordinator Ryan Boley _____ Date _____

Comments _____

Date Received at Water Office _____ Date Service Begins _____