



**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: _____

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

Address of water/sewer service request: _____
Billing name: (if different) _____
Billing address: (if different) _____
Contact person: (if different) _____
E-Mail Address: (if different) _____ Phone: (if different) _____
Past use of location: _____
Proposed use of location: _____

Proposed **(Circle one)** Industrial Retail Office Medical Counseling Restaurant Industry
Rehab Auto sales Home based business Auto repair Salvage yard Other

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

Wastewater/Prevention Department	FOR OFFICE USE ONLY
Address: 440 E. Eighth Street, Marietta, OH 45750	
Phone: 740-373-3858, Fax: 740-373-8214	
Pretreatment Coordinator: Craig Johnson	
Comments: _____	

Date Received at Water Office: _____ Date Service Begins: _____