



**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

<b>Water Distribution/Backflow Department</b>	<b>FOR OFFICE USE ONLY</b>
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: _____	

<b>Wastewater/Pretreatment Department</b>	<b>FOR OFFICE USE ONLY</b>
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: \_\_\_\_\_