



Account Number _____ - _____ . _____

City of Akron Utilities Business Office
PERMISSION TO ACT AS AGENT FOR REALTOR OR RELOCATION

Service Address: _____

City/Zip: _____

I, _____, owner of said property grant permission to the Real Estate Company, Title Company and/or Relocation Company listed below to act as my Agent in matters relating to water, sewer and/or curb service collection. This is in effect until written revocation of this permission is delivered to the Utilities Business Office, at 1180 S. Main Street, Suite 110, Akron Ohio 44301-1253, or until the deed to the above property has transferred at the Summit County Fiscal Office and the final utility bill issued.

This grant shall **not** act as a waiver or release of my ultimate responsibility for all utility billing due at said property, as provided in Section 307 of the Rules & Regulations. **Turn ons for testing will be scheduled for 7 days, and may be extended upon written request from agent or owner. Heat must be on from Nov. 1st through Mar. 31st.**

ABOVE CONDITIONS ACCEPTED BY OWNER

OWNER OF RECORD SIGNATURE _____ DATE _____

OWNER OF RECORD MAILING ADDRESS (If different than Service Address) _____ PHONE NUMBER _____

ABOVE CONDITIONS ACCEPTED BY REAL ESTATE / TITLE COMPANY

REAL ESTATE / TITLE COMPANY NAME _____ DATE _____

SIGNATURE AND TITLE CONTACT _____ PHONE NUMBER _____

BILLING ADDRESS _____

ABOVE CONDITIONS ACCEPTED BY RELOCATION COMPANY

RELOCATION COMPANY _____ DATE _____

SIGNATURE AND TITLE CONTACT _____ PHONE NUMBER _____

BILLING ADDRESS _____

Fully completed form may be

- Faxed to **330-375-2308**
- emailed to UBO@AkronOhio.gov
- Mailed or dropped off*:
**Utilities Business Office
1180 S Main St Suite 110
Akron OH 44301-1253**
*Office Hours 8:00am to 4:30pm M-F