

 <p>CANTON WATER DEPARTMENT</p> <p>PROUDLY SERVING OUR COMMUNITY SINCE 1869</p>	<p>CANTON CITY UTILITIES 306 2ND ST SE CANTON, OH 44702</p> <p>P: 330-649-8100 cantonutilities@cantonohio.gov cantonutilities.com</p>
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AFFIDAVIT OF AGENT

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

I have been authorized by _____,

owner of the property located at _____

to serve as agent for the purpose of billings on said addresses and/or accounts.

1. I hereby agree to accept by mail said billings and promptly remit payment for utility services to the City of Canton.

2. I hereby agree to abide by all rules and regulations of the Division of Water, making such assessments or deposits as may from time to time be required by the City of Canton.

Further Affiant sayeth naught.

Affiant Signature

Billing Address

Printed Name

City, State, Zip

Date

Agent's Phone Number

Before me, a Notary Public in and for said County and State,

 appeared to me personally, known or properly verified, who did in my person, after being duly sworn and cautioned according to law, subscribe this Affidavit on this _____ day of _____, 20 ____.

Notary Public

My Commission Expires: