



RURAL LORAIN CO. WATER AUTHORITY

42401 Route 303 • P.O. Box 567
LaGrange, Ohio 44050
(440) 355-5121 • 1-800-842-1339
Fax (440) 355-6628
www.rlcwa.com



ACCOUNT NUMBER

Today's Date _____

Owner Tenant Land Contract

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Primary
Phone Number (_____) _____ Text **Primary**
Email _____

Secondary
Phone Number (_____) _____ Text **Secondary**
Email _____

Service Address _____ Township _____

_____ Move In Date _____

PREVIOUS Landowner (Office use only)

Name _____ Acct.# _____

Proof of Ownership:

- Settlement Statement Deed Loan Approval Closing Disclosure
 Other _____

FOR RENTALS ONLY:

Current Landowner Name _____

Landowner Mailing Address _____

Phone Number (_____) _____

Landlord # _____ Tenant Deposit Waived _____

Landlord Signature _____

OFFICE USE ONLY:

Install Meter Meter Size _____

Do Not Install Meter Tap Fee \$ _____