



**ILENE
SHAPIRO**
COUNTY EXECUTIVE

Department of Sanitary Sewer Services

Michael Vinay, Director

IMPORTANT NOTICE:

REVISED FORM 07/01/2021

To:
TITLE COMPANIES, REALTORS, ETC.

From:
SUMMIT COUNTY DEPARTMENT OF SANITARY SEWER

Billing Dept Fax: (330) 926-2470
Billing Dept Tel: (330) 926-2400

Attached you will find an updated and revised Sewer Connection Verification Form for 2021, which is required for all sanitary sewer account inquiries. Please make as many copies as you need and distribute throughout your office for further use.

This new form is to be used effective immediately. Your cooperation is appreciated.

Thank you.



DOES/Billing jpm RVSD 07/01/2021

Summit County Department of Sanitary Sewer Services
Sewer Connection Verification Form
Please Complete & Fax to (330) 926-2470

Current Property Owner: _____
Service Address, City, Zip: _____
Parcel #: _____ Is this a pending **Title Transfer** or **Refinance**? (circle one)
Approximate Title Transfer Date: _____
REQUESTED BY (Company Name): _____
Company Address: _____
City/State/Zip: _____
Company Phone # _____ Company Fax # _____

SUMMIT COUNTY SANITARY SEWER SERVICES ACCOUNT INFORMATION

The above **IS / IS NOT** connected to / billed by Summit County Dept of Sanitary Sewer Services

DOSSS ACCOUNT NUMBER: _____

Current Acct Balance: \$ _____ Last Read Date / Billed through: _____

Final (estimated) Flat Rate Charge: \$ _____ Date of last payment: _____

Total Including Current Balance: \$ _____ through _____

___ **Flat Rate Sewer** – Requires an APPROXIMATE TRANSFER DATE to calculate estimated final sewer charges. This date shall be the date of transfer as recorded at the Summit County Fiscal Office

___ **Metered Rate Sewer** – Requires a FINAL WATER METER READING to calculate final sewer charges. Final meter readings should be scheduled with the water company MARKED BELOW

___ **Certification of Delinquency** (call Summit County Fiscal for info at 330-643-2645)
Certified Delinquent Sewer is not included and must be paid through the Summit County Fiscal Office as a separate payment

Confirmed by: _____ Date: _____

- ___ Akron Water (330) 375-2554
- ___ Aqua Water / Green (877) 987-2782
- ___ Aqua Water / Shepard Hills (877) 987-2782
- ___ Cleveland Water (216) 664-2444
- ___ Cuyahoga Falls Water (330) 971-8250

- ___ Hudson Water (330) 650-1799
- ___ Lakemore Water (330) 733-6125
- ___ Munroe Falls Water (330) 688-7491
- ___ Silver Lake Water (330) 923-5233
- ___ Stow Water (330) 689-2889

It is incumbent upon the ESCROW AGENT to have sufficient funds available to discharge all sewer obligations due to the Dept of Sanitary Sewer Svs per sections 923.14, 923.15, and 923.16 of the Summit County Codified Ordinance.

BELOW FOR OFFICE USE ONLY

**FINAL BALANCE IF UNPAID ATER 90 DAYS
IS TRANSFERRED TO THE NEW OWNER.**

Final Bill Paid? Y / N