

**APPLICATION-North Canton Water-Sewer Service** | O/C  
**ADDRESS**

North Canton, Ohio hereby makes application to the City of North Canton, for water and/or sewer service to said premises and hereby agrees to pay all rentals and other charges for service at the due dates, and to conform to all rules and regulations of the City of North Canton, Ohio now or hereafter in force, pertaining to such water and/or sewer service.

DATE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

POSSESSION \_\_\_\_\_ RENTER \_\_\_\_\_ OWNER \_\_\_\_\_  
OVER

**Billing Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deposit:

Date

Rec'd \_\_\_\_\_

Refunded \_\_\_\_\_

utility@northcantonohio.gov

**CITY OF NORTH CANTON, OHIO  
GARBAGE REMOVAL SERVICE**

Check one of the services listed below effective \_\_\_\_\_

**CURBSIDE**

**GARAGE NOT OVER 150'**  
**DOOR FROM STREET**

I understand that the contractor removing garbage has an exclusive contract.  
Billing will be in advance monthly.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

RENTER: \_\_\_\_\_ OWNER: \_\_\_\_\_

Regional Income Tax Agency  
Individual Registration Form

Attn: Registration P.O. Box 477900 Broadview Heights, OH 44147-7900

If you have any questions or are unable to complete this form please contact RITA's

Registration Dept. at (440) 526-0900 x5008 or (800) 860-7482 x5008.

**Names:**

Primary Social Security # \_\_\_\_\_

\_\_\_\_\_  
Primary First Name                      Middle Initial                      Last Name

Spouse's Social Security# \_\_\_\_\_

\_\_\_\_\_  
Spouse's First Name                      Middle Initial                      Last Name

**Current Address Information:**

\_\_\_\_\_  
P O Box                      House #                      Street Name                      Apt #

\_\_\_\_\_  
City                      State                      Zip Code

Registration for the city of: \_\_\_\_\_

Effective date of this Address: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

**Prior Address Information:**

\_\_\_\_\_  
Prior Address (House #, Street Name, City and State)

Effective date of this address: \_\_\_\_\_

**Employment Information:**

Are you employed?    Y/N                      Is your spouse employed?    Y/N

Do you have Schedule C income in a RITA Municipality? Y/N

Does your spouse have Schedule C income in a RITA Municipality? Y/N

Do you own rental property and/or own a business?    Y/N

Does your spouse own rental property and/or a business?    Y/N

Are you retired and/or have no taxable income?    Y/N

Retirement date: you \_\_\_\_\_

Is your spouse retired and/or have no taxable income?    Y/N

spouse \_\_\_\_\_