

AFFIDAVIT

STATE OF OHIO)
COUNTY OF _____)

_____, being first duly
(A) name of person requesting service
sworn, deposes and says:

That she/he, resides at _____ and certifies
(B) address of property where service is requested
that the information provided below about the property is complete and
factual:

1. Inception of lease _____
(C) move in date
2. Name of all adult occupants: _____;
(D) occupant
_____; _____;
(E) occupant (F) occupant
_____; _____;
(G) occupant (H) occupant
_____; _____;
(I) occupant (J) occupant

Statement 3 and 4 only need to be completed if applicant for service has been residing in the same household as the prior customer of record at the premise prior to the date of this affidavit.

*3. That she/he and _____
(K) name of person with delinquent account
have not resided together since _____;
(L) date

*4. That _____ will not reside at
(K) name of person with delinquent account
_____.
(B) address of property where service is requested

Signature

Sworn to and subscribed before me this _____ day of

_____, 20__.

Notary Public