AKRON PUBLIC UTILITIES BUREAU

146 S. High Street, P.O. Box 3665 Akron, Ohio 44309-3665
Phone (330) 375-2554 Fax (330) 375-2308

Permission to act as Agent for Relocation or Realtor

Account # _____

Premise Address: _____

I, _____ , owner of said property grant permission to the Relocation Company and/or Real Estate Company listed below to act as my Agent in matters relating to water, sewer and/or curbservice collection. This is in effect until written revocation of this permission is delivered to the Akron Public Utilities Bureau at 146 S. High Street or until the deed to the above property has transferred at the Summit County Fiscal Office and the final utility bill issued. This grant shall not act as a waiver or release of my ultimate responsibility for all utility billing due at said property.

ABOVE CONDITIONS ACCEPTED

_____ _____
OWNER OF RECORD SIGNATURE DATE

_____ _____
OWNER OF RECORD ADDRESS CONTACT TELEPHONE

ABOVE CONDITIONS ACCEPTED

_____ _____
RELOCATION COMPANY NAME DATE

_____ _____
SIGNATURE AND TITLE CONTACT TELEPHONE

_____
BILLING ADDRESS

ABOVE CONDITIONS ACCEPTED

_____ _____
REAL ESTATE COMPANY DATE

_____ _____
SIGNATURE AND TITLE CONTACT TELEPHONE

_____
BILLING ADDRESS

6/27/07BL