


<p>Mail to:</p> <p>Attn: Sewer Service Availability Desk Metropolitan Sewer District of Greater Cincinnati Project and Business Development 1600 Gest Street Cincinnati, Ohio 45204</p> <p>Email to: MSDTapPermits@cincinnati-oh.gov</p> <p>Or fax to: (513) 244-1327</p>	<h1>Request for Assessment Sewer Citizen Petition</h1>	<p>METROPOLITAN SEWER DISTRICT of greater CINCINNATI</p> 
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Property to be served by the local public sewer improvement:

Street Address: _____

Municipality / Township: _____

Auditor's Parcel Number for Property to be served by sewer: _____ - _____ - _____

Are you the owner of the property to be served by the local public sewer improvement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you are not the owner of the property, describe your relationship to the property:

Does your property currently utilize a household sewage treatment system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Has a general health district or board of health ordered you to replace your household sewage treatment system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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List addresses of other property owners in your neighborhood who have expressed a desire to obtain sewer service (submit additional pages if necessary):

Street Address: _____

Street Address: _____

Would you like to receive more information about being a Petitioner for this project:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Signature:		Date:	
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Print Name:		Phone 1:	
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Mailing Address:		Phone 2:	
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City:		State / Zip	
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Email:	
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