

TOWN OF CULVER UTILITIES

APPLICATION FOR UTILITY SERVICE

ACCOUNT NUMBER FOR OFFICE USE ONLY

THIS APPLICATION SHOULD BE PRESENTED IN PERSON, WITH PROOF OF IDENTIFICATION, BETWEEN THE HOURS OF 8 AM AND 4 PM AT THE CULVER TOWN HALL LOCATED AT 200 E. WASHINGTON STREET OR, IF YOU ARE RENTING, YOU MAY COMPLETE AND SIGN THIS APPLICATION IN THE PRESENCE OF THE RENTAL PROPERTY OWNER/MANAGER, WHO WILL PRESENT THIS APPLICATION ON YOUR BEHALF.

PLEASE TYPE OR PRINT THE REQUESTED INFORMATION

APPLICANT NAME: _____
LAST FIRST MI SSN / TAXPAYER ID NO

CO-APPLICANT: _____
LAST FIRST MI CO-APPLICANT SSN

SERVICE ADDRESS: _____
STREET NUMBER N.S.E.W STREET NAME APT NO

BILLING ADDRESS: _____
 (IF DIFFERENT) STREET NUMBER N.S.E.W STREET NAME APT NO
CITY STATE ZIP CODE

TELEPHONE: HOME (____) _____ CELL (____) _____ WORK (____) _____

EMAIL ADDRESS _____ I WOULD LIKE TO RECEIVE MY BILL VIA MAIL EMAIL

EMPLOYER/BUSINESS PRINCIPAL NAME: _____

ARE YOU RENTING AT THIS ADDRESS? NO YES; PROPERTY OWNER/MANAGER: _____
 I AM 18 YEARS OF AGE OR OLDER NO YES (THE UTILITY OFFICE MAY ASK FOR PROOF OF AGE) DATE OF BIRTH: _____

ACCOUNT TYPE: RESIDENTIAL – ANY SINGLE FAMILY DWELLING (HOUSE OR APARTMENT UNIT) BEING USED STRICTLY AS A RESIDENCE.
 COMMERCIAL—ANY BUILDING OR HOME IN WHICH A BUSINESS IS BEING OPERATED OR HAS MULTIPLE UNITS SERVED FROM THE SAME METER. THIS INCLUDES UNATTACHED RESIDENTIAL GARAGES, SHEDS, ETC. WHICH HAVE THEIR OWN METER.
 OTHER: _____

SERVICE(s) REQUESTED: WATER SEWER

REQUESTED DATE OF SERVICE CONNECTION: _____

HAVE YOU, OR SOMEONE LIVING WITH YOU, HAD SERVICE WITH TOWN OF CULVER UTILITIES BEFORE?
 NO YES; IN WHAT NAME AND AT WHAT ADDRESS WAS THE SERVICE LISTED?

NAME: _____

SERVICE ADDRESS: _____
(STREET NUMBER) (N,S,E,W) (STREET NAME) (APT NO)

APPLICANT STATEMENT

I HAVE READ AND UNDERSTAND THE QUESTIONS PRESENTED ABOVE AND DULY ATTEST THAT MY RESPONSES ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MISREPRESENTATION, FALSIFICATION, OR OMISSION OF ANY FACTS OR INFORMATION CALLED FOR ON THIS APPLICATION ARE SUBJECT TO TOWN OF CULVER CODES AND ORDINANCES. I ALSO UNDERSTAND THAT IF SUCH INFORMATION IS FOUND TO BE FALSE OR FRAUDULENT, THE TOWN OF CULVER UTILITIES WILL BE BOUND TO RESOLVE THIS MATTER IN ACCORDANCE WITH ITS POLICIES, CODES AND/OR ORDINANCES, AND STATE STATUTES. THIS MAY INCLUDE FEES, FINES, AND/OR TERMINATION OF SERVICE. I FURTHER UNDERSTAND THAT, IF I AM RENTING, TERMINATION OF THESE SERVICES SHOULD BE PLANNED TO COINCIDE WITH MY ACTUAL DATE OF VACATING THE PREMISES. I ALSO AGREE TO PAY FOR ALL UTILITY SERVICES WHEN DUE, AND ATTORNEY FEES AND COSTS OF COLLECTION NECESSARY TO COLLECT ANY DELINQUENCIES.

DATE: _____ APPLICANT SIGNATURE: _____ PRINTED NAME: _____
 DATE: _____ APPLICANT SIGNATURE: _____ PRINTED NAME: _____

RENTAL PROPERTY OWNER/MANAGER ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT THE APPLICANT HEREIN NAMED IS THE TENANT SO NAMED IN MY LEASE/RENTAL AGREEMENT. I ALSO ACKNOWLEDGE THAT THE SERVICES IDENTIFIED ABOVE ARE TO BE PAID BY THE PERSON OR ENTITY HEREIN NAMED, BUT UNDERSTAND THAT, PURSUANT TO INDIANA STATUTE NUMBER 36-9-23-31/33, I REMAIN ULTIMATELY RESPONSIBLE FOR ANY SEWER CHARGES IN THE EVENT OF NON-PAYMENT OF SAID CHARGES.

I ALSO UNDERSTAND THAT THE ACCOUNT COVERING THE UTILITY SERVICES IDENTIFIED ABOVE BELONGS TO THE PERSON OR ENTITY NAMED HEREIN, AND CAN BE DISCONTINUED AT HIS/HER/ITS DISCRETION AT ANY TIME REGARDLESS OF WHEN HE/SHE/IT ACTUALLY VACATES THE SERVICE ADDRESS. SERVICES, IN THIS EVENT, SHALL BE EITHER TRANSFERRED TO MY NAME OR TERMINATED AS DIRECTED BY ME IN THE RENTAL PROPERTY OWNER QUESTIONNAIRE ON FILE AT TOWN HALL.

DATE: _____ SIGNATURE: _____

PLEASE PRINT _____
 NAME AND ADDRESS _____

PROPERTY OWNER/MANAGER RETURN MAILING ADDRESS _____

UTILITY BUSINESS OFFICE ACKNOWLEDGEMENT

THE APPLICANT NAMED ABOVE HAS ESTABLISHED AN ACCOUNT WITH THE UTILITIES AT THE SERVICE ADDRESS INDICATED.

THE SERVICES IDENTIFIED ABOVE WILL BE CONNECTED OR TRANSFERRED ON: _____

PROPERTY OWNER/MANAGER PRESENTED AUTHORIZED SIGNATURE: _____

COMMENTS

TOWN OF CULVER UTILITIES

PROPERTY OWNER/MANAGER

APPLICANT

Acknowledgment of Applicant

STATE OF _____

COUNTY OF _____

Before me, the undersigned, a Notary Public, in and for said County and State, this _____ day of _____, _____, personally appeared _____, said person being over the age of 18 years, and acknowledged the execution of the foregoing instrument.

Notary Public

Print Name: _____

My commission expires:

Acknowledgment of Property Owner/Manager

STATE OF INDIANA

COUNTY OF _____

Before me, the undersigned, a Notary Public, in and for said County and State, this _____ day of _____, _____, personally appeared _____, said person being over the age of 18 years, and acknowledged the execution of the foregoing instrument.

Notary Public

Print Name: _____

My commission expires:
