314 W. Washington Street P.O. Box 568 Greensburg, Indiana 47240

## CITY of GREENSBURG WATER WASTEWATER Application for Service Voice 663.5621 Fax 662.7467

Drop Box Locations: N Side of Parking Lot Marsh, West Main

APPLICANT INFORMATION: DATE	
Primary Applicant:	
Signature:	
Place of Employment & Phone #:	
Customer Phone #:	
Service Address:	
Location #:	
Billing Add if Diff than Serv Address:	
APS For Monthly Billing:	
Secondary Applicant:	
Photo ID/Social Security #/Drivers License #	
Number of People in Household:	
Contact Person:	
Phone #:	
SERVICE INFORMATION:	
Service Type:	
New or Existing: _	
Tap & Connection Fee: _	
OWNER OCCUPIED:	
Owner Occupied Deposit Amt & Receipt #:	
Owner Occupied/Utility Credit Reference:	
Comm or Indust/Certificate of Deposit #:	
Comm or Indust/Surety Bond#:	
RENTER OCCUPIED:	
Renter Occupied Deposit Amt & Receipt #:	
OWNERS CERTIFICATION:	
Owner(s) Name:	
Mailing Address:	
City/State/Zip: _	
Phone #: _	
Tenant:	
Lease Term:	
Verified Time/Date/Customer Service Rep:	
SERVICE START DATE:	
APPLICATION DATE:	
OLD SERVICE STOP DATE:	

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By Signing this application, the primary applicant agrees to pay and be responsible for all water, wastewater & sanitation charges. In the event there is a secondary applicant, they will have equal responsibility for said charges. In the event a primary or secondary applicant wishes to be removed from their account they must phone this office with a date to have their name removed and provide us with an address for any future correspondences. Deposits will remain with the account until both applicants have vacated the service address. If a final bill has been left unpaid, the remaining name (s) on the account bear total responsibility. Any unpaid balances and a deposit double the normal amount must be paid before a new service will be activated. Consumer will be responsible for any litigation expense incurred in collecting bad debt. Interest will not be paid on deposits.

APPLICANTS SIGNATURE:	
CUSTOMER SERVICE REP:	