



1201 N Townline Rd
LaGrange, Indiana 46761
Ph: 260.463.3241
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APPLICATION FOR UTILITY SERVICES

Effective Date _____

Name _____ Account # _____

Service Address: _____ Phone # _____

Mailing Address (if different from service) _____

Date of Birth _____ Social Security # (optional) _____

Employer (Name & Address) _____ PH# _____

Marital Status _____ Single _____ Married – Name of Spouse _____ DOB: _____

Spouse’s Soc. Security # (optional) _____ Spouse’s Employer _____

Personal Reference _____
(Name/Address/Phone Number)

Credit Reference (Bank) _____
(Name, Address & Phone # of Institution)

LaGrange Utilities are hereby requested to supply water through a meter and wastewater services, if available, to the undersigned to be used at: _____

Status at service location: _____ Own _____ Buying _____ Renting _____

(Name and address of Landlord, Financing Insitution or Land Contract) or N/A if you own the property

When the meter is installed, the undersigned hereby agrees to provide a suitable place, which shall be approved by the department, in which to locate the meter, where it will be accessible at all times for reading, repairs or removal and fully protect the meter from freezing at his/her own expense. In case of any damage to the meter, ordinary wear and tear expected, the undersigned agrees to pay the amount expended by the company for the repair thereof and further agrees to pay for all water and wastewater used as measured by the meter at the rates and under the rules in force by the Lagrange Water & Wastewater Utilities from the date thereof until such times as the supply shall be discontinued. Deposits will be credited against the final billing.

It is understood by the applicant that there is a charge for usage and that such a charge will continue as long as service is used and furnished in applicant’s name at the service address. Therefore, the Utility office must be notified when servie is to be discontinued.

Water Deposit \$ _____ Receipt # _____ Type of Services:
Wastewater Deposit \$ _____ Receipt # _____ Wastewater _____ Water _____
Total Amt Due \$ _____ Check# _____ Cash _____

Consumer Signature & Date

Clerk

