



Laurie D. Miller, Clerk/Treasurer  
Mark W. Eagleson, Town Manager  
1201 N Townline Road  
LaGrange Indiana 46761  
260-463-3241

**APPLICATION FOR WATER AND WASTEWATER SERVICE**

DATE EFFECTIVE \_\_\_\_\_

NAME \_\_\_\_\_ ACCOUNT No. \_\_\_\_\_  
(LAST) (FIRST) (MI)

ADDRESS \_\_\_\_\_ PHONE No. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SOCIAL SECURITY No. \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE No. \_\_\_\_\_  
(NAME/ADDRESS)\_

MARITAL STATUS: \_\_\_\_\_ SINGLE \_\_\_\_\_ MARRIED NAME OF SPOUSE \_\_\_\_\_ DOB \_\_\_\_\_

SPOUSE'S SOC SEC No. \_\_\_\_\_ SPOUSE'S EMPLOYER \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_  
(NAME/ADDRESS/PHONE)

CREDIT REFERENCE (BANK) \_\_\_\_\_  
(NAME OF INSTITUTION)

STATUS AT SERVICE LOCATION: \_\_\_\_\_ OWN \_\_\_\_\_ BUYING \_\_\_\_\_ RENTING

SUPPLY NAME/ADDRESS OF LANDLORD, FINANCING INSTITUTION OR LAND CONTRACT SELLER:

\_\_\_\_\_  
(IF OWN, STATE N/A)

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 WASTE WATER USED AS MEASURED BY THE METER AT THE RATES AND UNDER THE RULES IN FORCE BY THE LAGRANGE WATER AND WASTEWATER UTILITIES FROM DATE THEREOF UNTIL SUCH TIMES AS THE SUPPLY SHALL BE DISCONTINUED. DEPOSIT WILL BE CREDITED AGAINST 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 AS FURNISHED IN APPLICANT'S NAME AT THE SERVICE ADDRESS. THEREFORE, THE WATER WORKS MUST BE NOTIFIED WHEN SERVICE IS TO BE DISCONTINUED AND WHEN THE METER IS TAKEN OUT BY THE DEPARTMENT.

A CHARGE WILL BE BILLED AS LONG AS THERE IS USAGE.

WATER DEPOSIT \$ \_\_\_\_\_ No \_\_\_\_\_  
WASTEWATER DEPOSIT \$ \_\_\_\_\_ No \_\_\_\_\_  
AMOUNT DUE \$ \_\_\_\_\_  
CASH \_\_\_\_\_ CHECK No. \_\_\_\_\_ DATE OF DEP \_\_\_\_\_

TYPE OF SERVICE:  
WASTEWATER \_\_\_\_\_ X \_\_\_\_\_ RESIDENCE \_\_\_\_\_ X \_\_\_\_\_  
WATER \_\_\_\_\_ X \_\_\_\_\_ COMMERCIAL \_\_\_\_\_  
INDUSTRIAL \_\_\_\_\_

DATE \_\_\_\_\_

CONSUMER SIGNATURE \_\_\_\_\_

CLERK \_\_\_\_\_