



TOWN OF
La Grange
INDIANA

Water & Wastewater Department

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 _____ I WANT TO GO PAPERLESS

BIRTH DATE _____ MAILING ADDRESS _____

EMPLOYER _____ PHONE No. _____
(NAME/ADDRESS)

NAME OF 2ND RESPONSIBLE ADULT _____ RELATIONSHIP _____ DOB _____

PHONE No. _____ EMPLOYER _____

PERSONAL REFERENCE _____
(NAME/ADDRESS/PHONE)

CREDIT REFERENCE (BANK) _____
(NAME OF INSTITUTION)

DRIVER'S LICENSE NUMBER:

STATUS AT SERVICE LOCATION: _____ OWN _____ LAND CONTRACT _____ 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 RESIDENCE
WATER COMMERCIAL _____
INDUSTRIAL _____

DATE _____

CONSUMER SIGNATURE _____

CLERK _____