

INGALLS WATER COMPANY
227 N. SWAIN STREET, P.O. BOX 277
INGALLS, INDIANA 46048-0277
PH: (317) 485-4321 / FAX: (317) 485-5293

APPLICATION FOR WATER SERVICE

EFFECTIVE DATE: _____

OWN: _____ (X) ***RENT:** _____ (X)

***BUY ON CONTRACT:** _____ (X)

<p>*IF RENTING/BUY CONT. (OWNER'S NAME & ADDRESS)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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SERVICE ADDRESS: ** _____

MAILING ADDRESS: _____
(if different than **)

APPLICANT:

NAME: _____ **SS#:** _____

CELL PHONE#: (____) _____ / **HOME#:** (____) _____ / **EMAIL:** _____

EMPLOYER: _____ **WORK PHONE #:** (____) _____

CO-APPLICANT:

NAME: _____ **SS#:** _____

CELL PHONE#: (____) _____ / **HOME#:** (____) _____ / **EMAIL:** _____

EMPLOYER: _____ **WORK PHONE #:** (____) _____

CONTACT IN CASE OF EMERGENCY: _____ **PH#** (____) _____

-THE ABOVE INFORMATION, I HAVE PROVIDED, IS CORRECT TO THE BEST OF MY KNOWLEDGE.

-IF MY ACCOUNT SHOULD BECOME DELINQUENT, I WILL BE RESPONSIBLE TO PAY THE DELINQUENT AMOUNT WITH ANY INCURRED PENALTIES, RECONNECTION FEE, OR COLLECTION COSTS INCLUDING BUT NOT LIMITED TO ANY COLLECTION AGENCY FEES, ATTORNEY FEES, AND ALL COURT COSTS.

-IN THE EVENT, THE PROPERTY WHICH IS THE SUBJECT OF THIS AGREEMENT IS SITUATED OUTSIDE THE CORPORATE LIMITS OF THE TOWN, AS A PART OF THIS UTILITY SERVICE AGREEMENT, I HEREBY WAIVE MY RIGHT TO OBJECT AND/OR REMONSTRATE AGAINST ANY FUTURE ANNEXATION PROCEEDINGS INSTITUTED BY THE TOWN, OR BY PERSONS LIVING IN THE AREA REQUESTING ANNEXATION TO THE TOWN. THIS WAIVER SHALL BE BINDING UPON MY HEIRS, SUCCESSORS, AND ASSIGNS.

X _____

X _____

DATE

CUSTOMER SIGNATURE(S)

FOR OFFICE USE ACCOUNT NUMBER: _____

DATE OF DEPOSIT: ____/____/____ **AMOUNT OF METER DEPOSIT \$** _____ **RECEIPT #:** _____ **TYPE:** _____

[DATE: ____/____/____ **REFUND:** \$ _____ (____) **APPLIED:** \$ _____ (____)]