

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

APPLICATION FOR COMMERCIAL/MULTI-RESIDENTIAL WATER SERVICE

EFFECTIVE DATE: _____

LOCATION OF SERVICE(S) _____
(ADDITION NAME)
SERVICE ADDRESS _____

OFFICIAL NAME OF CUSTOMER/BUSINESS: _____

TAX ID#/SS# _____

BILLING ADDRESS: _____

CONTACT NAME: _____

CELL PHONE# (____) _____ WORK/OFFICE PHONE# (____) _____

EMAIL ADDRESS: _____

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

-APPLICANT IS REQUIRED TO PROVIDE A COPY OF THE PLANS SHOWING WATER SERVICE LINES, METER LOCATION(S), BACKFLOW PREVENTION MECHANISMS, ON-SITE FIRE HYDRANTS IF APPLICABLE, ACCESSIBLE WATER SHUT-OFF VALVES TO THE SUPERVISOR OF THE INGALLS WATER COMPANY.

-IF THE ACCOUNT SHOULD BECOME DELINQUENT, APPLICANT 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.

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

(APPLICANT SIGNATURE) X _____ DATE

FOR OFFICE USE (FEE CALCULATIONS FOR NEW CONSTRUCTION)

SECURITY DEPOSIT CHARGE: _____

DAILY ANTICIPATED WATER DEMAND: _____

CAPACITY FEE CHARGE: # OF EQUIVALENT DWELLING UNITS (EDU'S) _____ X \$1300.00 = _____

TAP FEE CHARGE IF TO BE PERFORMED BY INGALLS BASED ON SIZE OR ACTUAL COST: _____

WATER METER(S) _____

TOTAL AMOUNT OF FEES PROCESSED: _____

APPLICATION RECEIVED & PROCESSED BY: _____ DATE: _____