

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

APPLICATION FOR WATER CUSTOMERS -- OUTSIDE INGALLS LIMITS

EFFECTIVE DATE: _____ [OWN: _____ (X) / *RENT: _____ (X) / *BUY ON CONTRACT: _____ (X)]

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

SERVICE ADDRESS: ** _____

MAILING ADDRESS: _____
(if different than **)

APPLICANT:

NAME: _____ SS#: _____

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

EMPLOYER: _____ WORK PHONE #: (____) _____

CO-APPLICANT (IF ANY):

NAME: _____ SS#: _____

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

EMPLOYER: _____ WORK PHONE #: (____) _____

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

TRASH SERVICE WITH BEST WAY @ \$11.50 /MONTH: The town provides trash pickup as a contracted service with Best Way at a lower monthly cost to our residential water customers. If opted out, customers can only opt back in during renewal time in November. (YOU WILL AUTOMATICALLY BE ADDED TO THE TRASH SERVICE IF NEITHER IS MARKED.)

(PLEASE CHECK ONE): YES, I WANT TRASH SERVICE _____ / NO, I DO NOT WANT TRASH SERVICE _____

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

-IF MY ACCOUNT SHOULD BECOME DELINQUENT (INCLUDING WATER, TRASH, STORM WATER, HYDRANT FEES, MISC., ETC.), I WILL BE RESPONSIBLE TO PAY THE DELINQUENT AMOUNT WITH ANY INCURRED PENALTIES, RECONNECTION FEES, OR COLLECTION COSTS INCLUDING BUT NOT LIMITED TO ANY COLLECTION AGENCY FEES, ATTORNEY FEES, LIENS, 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.

(APPLICANT SIGNATURE) X _____ DATE _____

(CO-APPLICANT SIGNATURE) X _____ DATE _____

FOR OFFICE USE DATE OF DEPOSIT: ____/____/____ METER DEPOSIT \$ _____ RECEIPT #: _____ TYPE: _____

[DATE OF DEPOSIT TRANSFER: ____/____/____ METER DEPOSIT \$ _____ RECEIPT #: _____ TYPE: _____]

[DATE: ____/____/____ REFUND: \$ _____ (____) APPLIED: \$ _____ (____)] rvsd 11-13-20