

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 NON-RESIDENTIAL WATER SERVICE**

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

LOCATION OF SERVICE ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
(if different than above)

OFFICIAL NAME OF CUSTOMER/BUSINESS: \_\_\_\_\_

NAME OF INDIVIDUAL APPLYING: \_\_\_\_\_

CELL PHONE# (\_\_\_\_) \_\_\_\_\_ WORK/OFFICE PHONE# (\_\_\_\_) \_\_\_\_\_

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

CONTACT IN CASE OF EMERGENCY: \_\_\_\_\_ PH# (\_\_\_\_) \_\_\_\_\_

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-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

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FOR OFFICE USE (FEE CALCULATIONS FOR NEW CONSTRUCTION)

DEPOSIT CHARGE, IF APPLICABLE: \_\_\_\_\_

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: \_\_\_\_\_