

# HUNTINGBURG MUNICIPAL UTILITIES

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Account No. for office use only)

## APPLICATION FOR UTILITY SERVICES

The Applicant must be present in person with proof of identification, between the hours of 8:00 a.m. and 4:30 p.m., at the Huntingburg Municipal Utilities Office, 508 E. Fourth Street, Huntingburg, Indiana.

PLEASE TYPE OR PRINT ALL REQUESTED INFORMATION

APPLICANT NAME: \_\_\_\_\_  
(Last) (First) (M.I.) Social Security/Taxpayer ID Number

CO-APPLICANT: \_\_\_\_\_  
(Last) (First) (M.I.) Social Security/Taxpayer ID Number

SERVICE ADDRESS: \_\_\_\_\_  
(Street Address) (Apt./Lot No.) (City) (State) (Zip Code)

BILLING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT) (Street Address) (Apt./Lot No.) (City) (State) (Zip Code)

TELEPHONE: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
(Name) (Phone No.)

EMPLOYER/BUSINESS PRINCIPAL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

ARE YOU RENTING AT THIS ADDRESS?  No  Yes Property Owner/Manager \_\_\_\_\_  
Property Owner/Manager Address: \_\_\_\_\_

I AM 18 YEARS OF AGE OR OLDER  No  Yes (The Utility Office may ask for proof of age) DATE OF BIRTH: \_\_\_\_\_

ACCOUNT TYPE:  RESIDENTIAL - Any single family dwelling unit (house or apartment unit) being used strictly as a residence  
 COMMERCIAL - Any building or home in which a business is being operated  
 OTHER - \_\_\_\_\_

SERVICE(S) REQUESTED:  Electric  Gas  Water  Sewer  SL  SP

REQUESTED DATE OF SERVICE CONNECTION: \_\_\_\_\_

HAVE YOU BEEN A CUSTOMER OF ANY UTILITY COMPANY DURING THE PAST TWO (2) YEARS:  Yes  No

If Yes, Name of Utility: \_\_\_\_\_  
Service Address: \_\_\_\_\_

### APPLICANT(S) STATEMENT

I affirm that the foregoing responses are true and correct. I understand and agree that I am personally responsible for the payment of all lawful charges for utility services at the service address from and after the date of service connection requested herein, until the date on which I make written request for termination of services. I agree to pay all such lawful charges when due, and to pay all costs of collection and a reasonable attorney's fee in the event I should fail to make payment when due.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

### FOR OFFICE USE ONLY

Utility Deposits or Credit Reference

Sewer Lateral Inspection? YES / NO

Identification \_\_\_\_\_ Approved By \_\_\_\_\_