

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 _____