



## Application for Account/Contract for Service

***Please fill out this form completely.***

Name of Responsible Party for This Account:	Date of Application:
Social Security Number/Tax ID Number:	Email: Would you like paperless billing? YES or NO
Primary Phone Number: (and Secondary Phone Number if applicable)	Mailing Address (if Different from Service Address):
Address for Account Service:	Previous Address:
Secondary Party Name for this Account (optional):	Secondary Party to Have Full Rights to Account: (Please Initial)
	Yes _____ No _____ (If no, balance inquiry only)

**Water Deposit Total \$54.30** (Please initial on the line):

\_\_\_\_\_ To be Paid in Full Today \$54.30

**Sewer Deposit Total \$130.00** (Please select one of the following options and initial on the line):

\_\_\_\_\_ Pay Total Deposit of \$130.00 in full today

\_\_\_\_\_ Bill Total Deposit of \$130.00 on your first bill

\_\_\_\_\_ Split Deposit on first 2 bills resulting in \$65.00 on each bill

**No Deposit Required:** for customers with good credit history with water utility  
 (Billing Representative Initials: \_\_\_\_\_)

Please read and initial items #1, #2, and #3:

- \_\_\_\_\_ 1. **ALL DEBT SHALL BE INCURRED IN THE NAME OF THE RESPONSIBLE PARTY.**
- \_\_\_\_\_ 2. **THE RESPONSIBLE PARTY MUST NOTIFY THE UTILITY WHEN THIS SERVICE IS TO BE TERMINATED.**
- \_\_\_\_\_ 3. **ANY REFUNDS SHALL BE PAID TO THE RESPONSIBLE PARTY.**

Please answer YES or NO to item #4:

- \_\_\_\_\_ 4. ***WILL THERE BE ANY COMMERCIAL FOOD PREPARATION, OR COMMERCIAL/INDUSTRIAL SALES OR ACTIVITIES, AT THIS LOCATION?***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IT IS A VIOLATION OF INDIANA CODE 35-43-5 TO PROVIDE FALSE INFORMATION OR FALSIFY DOCUMENTS IN ORDER TO RECEIVE UTILITY SERVICES. THE CITY OF ELKHART CAN PURSUE CRIMINAL CHARGES AGAINST ANYONE GUILTY OF THIS ACTION.**

APPLICATION PROCESSED BY: \_\_\_\_\_