

Sunman Utilities Service Agreement

Civil Town of Sunman
Sunman Utilities
 604 North Meridian Street
 Sunman, IN 47041
 812-623-2066

Office Use Only	
Service Address: _____	Book # _____
Start Date: _____	Meter Start: _____
End Service Date: _____	Meter End: _____
Old Account #: _____	New Account #: _____
Deposit Due: _____ \$75.00 (owner)	_____ \$150.00 (renter) (ordinance 2020-10)
Receipt #: _____	Cash: _____ Check: _____ MO: _____
Water Start Date: _____	Copy of Driver's License Required

I hereby make application to Sunman Utilities and request that the property located at the address above be connected to the Utility System under the account:

PLEASE PRINT

Primary Name: _____ Date: _____
First Middle Initial Last

Social Security #: _____ Driver's License #: _____ State: _____

Phone #: (____) _____ Email Address: _____

Mailing Address: _____

Secondary Name: _____ Date: _____
First Middle Initial Last

Social Security #: _____ Driver's License #: _____ State: _____

Phone #: (____) _____ Email Address: _____

Under the penalties of perjury, I declare that the information provided is true, correct and complete to the best of my knowledge. I further acknowledge that by providing false or misleading information on this application will subject me to criminal and/or civil prosecution.

If you are approved, service will begin within 48 hours excluding weekends or holidays. **Resident must be present** when the water is turned on to prevent any possibility of running water, broken pipes or leaking toilets.

Primary Signature: _____ Date: _____

Secondary Signature: _____ Date: _____

Clerk Signature: _____ Date: _____

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In consideration thereof, I agree:

_____ 1. to pay all applicable deposits, service charges, rates, meter connection charges or tapping fees, and any other charges imposed by Sunman Utilities, and to comply at all times with the ordinances, rules and regulations thereof relating to water, wastewater, and sanitation service, making them part of this agreement.

_____ 2. to pay a Security Deposit in accordance with the rules and regulations of Sunman Utilities. As a renter, I may be requested to provide a copy of my lease agreement. Home Owners, \$75.00, Renters, \$100.00.

_____ 3. my water bills are sent out on a monthly basis about 20 days before the due date. To avoid a ten percent (10%) water penalty of 1st \$3.00, 3% of balance after that, being added to the net amount of my bill, it must be paid on time. The due date is the 20th of each month.

_____ 4. Sunman Utilities shall in no way be responsible for maintaining any service line owned by me, or for damages done by water escaping therefrom or for defects in my service lines connecting to Sunman Utilities. The Sunman Utilities or the Town of Sunman shall not be held responsible for: (a) the breaking of any service lines or apparatus beyond the meter, (b) any failure in the supply of water, or (c) the stoppage of the flow of water for any reason. Home owners may not operate the meter's water valve for any reason. Damages to a meter will be repaired at the home owner's expense.

_____ 5. without additional notice, service will be disconnected for non-payment or in cases of inadequate payment (the amount paid is less than the required amount) 15 days after the due date printed on your statement. Without additional notice, service will be disconnected for my failure to comply with all or any part of this agreement. I also understand that for my service to be resumed, full payment of my bill must be made along with a \$25.00 reconnection fee during the normal office hours of 8:00am – 4:00pm (closed 12-1).

_____ 7. to obtain a final bill, I must sign a Final Notice Form in person at the Town Hall located at 604 North Meridian Street. Failure to file a Final Notice Form will result in further charges until one is completed.

I have read and understand my responsibilities in this agreement.

Primary Signature: _____ Date: _____

Secondary Signature: _____ Date: _____

Clerk Signature: _____ Date: _____

Office Use Only

Landlord/Owner Name: _____ Phone #: _____

Address: _____

Duplicate bill requested?: Yes No Duplicate delinquent letter requested?: Yes No

Final Notice Form

Primary Name: _____ End Service Date: _____

Forwarding Address: _____

Primary Signature: _____ Date: _____

Clerk Signature: _____ Date: _____

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Sunman Utilities

604 North Meridian Street

Sunman, IN 47041

812-623-2066

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in anyway. However, if you choose not to furnish it, we are required to note the race, ethnicity, and sex of the applicant on basis of visual observation or surname.

_____ I do not wish to furnish this information

Ethnicity:

_____ Hispanic or Latino

_____ Not Hispanic or Latino

Race: (Mark all that apply)

_____ White

_____ Black or African American

_____ American Indian or Alaska Native

_____ Asian

_____ Native Hawaiian or Other Pacific Islander

Sex:

_____ Male

_____ Female

Non-Discrimination Statement:

This institution is an equal opportunity provider.