

Sunman Utilities Service Application

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



Office Use Only

Service Address: _____ Book # _____ Seq# _____
Application Date: _____ Meter Start: _____
End Service Date: _____ Meter End: _____
Old Account #: _____ New Account #: _____
Deposit Due: _____ \$75.00 (Owner) _____ \$150.00 (Renter (ordinance 2020-10))
☐ Home Owners - Copy of Deed/Warranty ☐ Renters - Copy of Rental Lease
Receipt #: _____ Cash: _____ Check: _____ MO: _____
Water Start Date: _____ ☐ Copy of Driver's License
☐ Social Security Verified

I hereby make an 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 providing false or misleading information on this application will subject me to criminal and civil prosecution.

If approved, service will begin within 48 hours excluding weekends or holidays. The resident must be present when the water is turned on to prevent 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, by initials;

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_____ 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 according to the rules and regulations of Sunman Utilities. As a renter, I will be requested to provide a copy of my lease agreement. Homeowners will be required to furnish the warrant/deed, \$75.00; Renters, \$150.00;

_____ 3. My water bills are sent out every month about 20 days before the due date. To avoid a ten percent (10%) water penalty of 1st \$3.00 first, and 3% of the 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, for damages done by water escaping therefrom, or for defects in my service lines connecting to Sunman Utilities. 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. Homeowners may not enter the water pit in any way or operate the meter's water valve for any reason. Damages to a meter will be repaired at the homeowner'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 \$50.00 reconnection fee during the normal office hours of **Monday – Thursday, 8:00 am – 5:00 pm (closed 12-1 for lunch)**.

_____ 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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USDA BOND

The following information is requested by the Federal Government 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 any way. However, if you choose not to furnish it, we are required to note the race, ethnicity, and sex of the applicant based on 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.