

**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 # _____	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))	
<input type="checkbox"/> Copy of Deed Warranty	<input type="checkbox"/> Copy of Rental Lease	
Receipt #: _____	Cash: _____	Check: _____ MO: _____
Water Start Date: _____	Copy of Driver's License <input type="checkbox"/>	

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: _____

Sunman Utilities Service Agreement

In consideration thereof, I agree, by initials;

_____ 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 by 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, \$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, 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. 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. Homeowners may not 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 \$35.00 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.