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Sunman Utilities Service Application



Cunman Htilitiaa		Office Use Only		
Sunman Utilities Service Application	Service Address:		Вс	ook #Seq#
	Application Date:		Meter S	tart:
Civil Town of Sunman Sunman Utilities	End Service Date:		Meter E	ind:
504 North Meridian Street	Old Account #:		New Ac	count #:
Sunman, IN 47041				
312-623-2066	Deposit Due: \$75	·		Renter (ordinance 2020-10 by of Rental Lease
SIMMA.				•
	Receipt #:	Cash:	Check:	MO:
COUNDED 1859	Water Start Date:		□Copy of Drive □Social Securit	
				<i>y</i>
, hereby make an application to connected to the Utility System (under the account: PLEA	ASE PRINT	·	
connected to the Utility System (under the account: <u>PLEA</u>		·	he address above be
Primary Name: First	under the account: <u>PLEA</u>	ASE PRINT	Date:	
Primary Name: First Social Security #:	under the account: PLEA	Last Driver's License #:	Date:	State:
Primary Name: First Social Security #: Phone #: ()	Middle Initial Email Address:	Last Driver's License #:	Date:	State:
Primary Name: First Social Security #: Phone #: () Mailing Address: Secondary Name:	Middle Initial Email Address:	Last Driver's License #:	Date:	State:
Primary Name: First Social Security #: Phone #: () Mailing Address: Secondary Name:	Middle Initial Email Address:	Last Driver's License #:	Date:	State:
Primary Name: First Social Security #: Phone #: () Mailing Address: Secondary Name:	Middle Initial Email Address: Middle Initial	Last Driver's License #:	Date:	State:

Under the penalties of perjury, I d knowledge. I further acknowledge 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;

 · · · · · · · · ·	rates, meter connection charges or tapping fees, and any other I times with the ordinances, rules, and regulations thereof relating to part of this agreement;
	lations of Sunman Utilities. As a renter, I will be requested to provide sired to furnish the warrant/deed, \$75.00, Renters, \$150.00;
	20 days before the due date. To avoid a ten percent (10%) water , being added to the net amount of my bill, it must be paid on time.
water escaping therefrom, or for defects in my service line Sunman shall not be held responsible for (a) the breaking	for maintaining any service line owned by me, for damages done by es connecting to Sunman Utilities. Sunman Utilities or the Town of of any service lines or apparatus beyond the meter, (b) any failure in ter for any reason. Homeowners may not operate the meter's water at the homeowner's expense;
amount paid is less than the required amount) 15 days aft notice, service will be disconnected for my failure to comp my service to be resumed, full payment of my bill must be	nnected for non-payment or in cases of inadequate payment (the ter the due date printed on your statement. Without additional ply with all or any part of this agreement. I also understand that for a made along with a \$35.00 reconnection fee during the normal closed 12-1 for lunch):
office hours of Monday – Thursday, 8:00 am – 5:00 pm (c	,,
	Form in person at the Town Hall located at 604 North Meridian
7. To obtain a final bill, I must sign a Final Notice F	Form in person at the Town Hall located at 604 North Meridian her charges until one is completed.
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Civil Town of Sunman **Sunman Utilities** 604 North Meridian Street Sunman, IN 47041 812-623-2066

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 w	rish to furnish this information
Ethnicity:	
Hispanic c	or Latino nic or Latino
Race: (Mark all th	at apply)
White	
Black or A	frican American
American Asian	Indian or Alaska Native
Native Ha	waiian or Other Pacific Islander
Sex:	
Male	
Female	
Non-Discriminatio	on Statement:

This institution is an equal opportunity provider.