## NEW CASTLE UTIITY APPLICATION/SERVICE CONTRACT

201 N. 6 <sup>th</sup> St. New Castle, IN 473	62	<u>Office Hours:</u> Monday thru Friday 8:00 a.m. – 4:00 p.m.		
Ph. 765-521-6820 Fax: 765-521-7401			Bulk Water \$4 Paid	0.00 Permit
			Bulk Waste Hauler	\$25.00
Please Complete: A	LL FIELDS MUST BE COM	PLETED	Permit Paid	
Legal Name:		Tele	phone:	
SS#	Place	e of Employment:		
City & State:		Work Phone:		
Legal Co- Name or	DBA:	SS#		
Place of Employment	nt:	Work	Phone:	
Service Address: _				
Mailing Address: _				
Alternate Telephon	e Number:			
<u>Type of Building</u> :	Residential-Single C	ommercial Apt. (3 0r More)	Business Church Indus	strial
LAND LAND *By signing below t	IRED if RENTING : LORD'S NAME: ORD'S ADDRESS: he customer agrees to be bound omer, I understand that:		PHONE:	
<ol> <li>It is against</li> <li>There is a <u>\$</u> utility after</li> </ol>	the law to tamper with a meter <b><u>25.00 reconnect fee</u></b> if I am dis- a workday time of 4:00 p.m. or	or valve. connected and I understand weekends or holidays.	ith the exception of the meter itself. there is a <u>\$40.00 after hour service fee</u> if my new account, unless account is at colle	
<ol> <li>I am respo <ol> <li>It is agains</li></ol></li></ol>	st the law to tamper with a meter <u>protection</u> is a requirement and <u>\$25.00 reconnect fee</u> if I am di r a workday time of 4:00 p.m. of d by the Regulations and Standa vartment. I understand I may pu- nsible for all water and sewer of the water is turned on there is a	e water main including the v r or valve and I must receiv my responsibility on <u>ALL</u> v sconnected and I understandor weekends or holidays. ard Procedures Manual of the urchase a copy of the manual harges, including minimum \$25.00 reconnect fee.	d there is a <b>\$40.00 after hour service fee</b> i	<u>before</u> removing or repairing f I request service from the ffice during regular business
plumbing costs and all due on the account, plu	reasonable collection agency fees ed	qual to forty (40%) percent of the providing my cell number, I give	ponsible for and pay all delinquent bills, reconne e delinquent balance and reasonable attorney fec express consent to receive calls and text message or prerecorded message.	es, shall be added to the amount
CUSTOMER SIGN	ATURE		DATE:	
DEPOSIT AMOU		CTION TO BE COMPLE RECIEPT #	ETED BY UTILITY OFFICE DEPOSIT DATE:	

Service Start Date:	Tax Exempt #	
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