

APPLICATION FOR WATER & SEWAGE SERVICE

Danville Municipal Water & Sanitation Utilities

49 N Wayne Street

Danville, IN 46122

317-745-4180 317-745-3005 fax

Email: utilities@danvilleindiana.org

Form must be completed, signed and submitted to the Danville Municipal Utilities Dept., along with two forms of I.D and any applicable deposits prior to connection of service.

Section 1. Applicants Information:

START DATE: _____

FULL NAME(S): _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER(S): Home: _____ Work: _____ Cell: _____

Are you the legal DEEDED owner of the property? YES / NO

If NO, then you must complete Section 2. If YES, then sign Section 3 under OWNER.

Section 2. Legal DEEDED Owner of Property Information:

FULL NAME(S): _____

MAILING ADDRESS: _____

PHONE NUMBER(S): Home: _____ Work: _____ Cell: _____

Section 3. Affirmation:

I hereby state that the above information is true & correct. DATE: _____

Owner of Record: _____

Tenant entered into a rental agreement with the
Owner of Record.

READ & INITIAL: ALL CUSTOMERS ARE SUBJECT TO A **MINIMUM BILL OF \$46.27** NO MATTER THE LENGTH OF SERVICE OR THE AMOUNT OF USAGE ACCORDING TO TOWN ORDINANCE 08-2002, Passed September 3, 2002.

**Upon submittal of the application your water/sewer service shall be connected within 48 hours of processing within normal operating hours for the Department. No after-hours connection is authorized.