

TOWN OF WHITELAND
549 MAIN STREET
WHITELAND, IN 46184
OFFICE (317) 535-5531 FAX (317) 535-8724

CODE _____
ROUTE _____
ACCT. # _____
METER ID # _____
FIRE HYD. CODE _____
TRASH CODE _____
STORM SEWER CODE _____
LOT INFO _____
PAGE NUMBER _____

TOWN OF WHITELAND UTILITIES SERVICE APPLICATION

POSSESSION DATE _____

(Please print or type information)

CUSTOMER _____

SOCIAL SECURITY # _____

DATE OF BIRTH ____/____/____

EMPLOYER _____

STREET ADDRESS _____

CITY/STATE/ZIP CODE _____/____/____

SPOUSE _____

SOCIAL SECURITY # _____

DATE OF BIRTH ____/____/____

EMPLOYER _____

STREET ADDRESS _____

CITY/STATE/ZIP CODE _____/____/____

SERVICE ADDRESS _____

TELEPHONE # (____) _____

BILLING ADDRESS IF DIFFERENT FROM SERVICE ADDRESS

OWNERSHIP STATUS: (Check one of the following)

- Tenant at Service Address
- Own Real Estate with Mortgage
- Own Real Estate with no Mortgage
- Purchasing Real Estate by Contract

Please provide the name, address, and telephone # of landlord, mortgage company and/or contract seller (whichever is appropriate)

(____) _____

The undersigned, and each of them, agree, that they are financially and legally responsible for any and all Town of Whiteland water and sewer charges for the above referenced service address. The undersigned financial and legal responsibility for Town of Whiteland water and sewer charges shall be on the date that service is initiated, and continue until service is terminated. In the event that the undersigned customer(s) fail to make payment for Town of Whiteland water and sewer charges, the Town of Whiteland shall be entitled to recover the actual amount of water and sewer charges due, interest and late charges and the cost of collection, including reasonable attorney's fee.

Customer Signature

Customer Signature

Date

Photo ID Required