Valparaiso City Utilities Service Agreement

Applicant #1 full name Last First Middle

Applicant #2 full name Last First Middle

Location of service Account Number

I hereby request service from the Valparaiso City Utilities, Valparaiso, Indiana. I understand that services include water, water reclamation, storm water and trash service as applicable:

- ❑ Bills for Cycle 2 are sent out before the 5th of each month for water and sanitation and that **payment is due by the 20th** of the same month after which a penalty is added to the amount due. Service shall be terminated if my bill is not paid by the 10th of the following month and a collection fee will be added to the amount due.

- ❑ Bills for Cycle 1 are sent out before the 15th of each month for water and sanitation and that **payment is due by the 1st** of the following month after which a penalty is added to the amount due. Service shall be terminated if my bill is not paid by the 20th of that month and a collection fee will be added to the amount due.

I agree to pay a deposit of $_____ for water which will be credited to my account after I have completed 24 consecutive months of good credit history or which will be applied to my final bill. I understand that I will be responsible for all collection fees, attorney fees, court costs and other related charges to the terms of this Agreement.

I understand that I must have a responsible person available at the location of service mentioned above so that the service can be turned on and that the same shall apply when I have notified the Water Department that I desire service to be terminated.

I understand and acknowledge the Water Department cannot guarantee nor be responsible for the maintenance of water pressure or volume due to circumstances beyond its control.

I am: (Check one) ❑ A tenant ❑ A landlord ❑ An owner/occupant

I understand all parts of the Agreement and will comply with its terms.

Signature of applicant #1 Date of birth

Signature of applicant #2 Date of birth

Last 4 Digits SSN (applicant #1) OR TIN (business)

Last 4 Digits SSN (applicant #2)

Telephone number

Cell phone number

Mailing address if different than service address (P O Box, etc.)

Name, address and phone number of applicant #1's employer

Name, address and phone number of applicant #2's employer

Alternate contact person's name address and phone number

Property owner

Today's date

Driver's license # _____