RIDGEVILLE UTILITIES
SERVICE AGREEMENT

Town of Ridgeville
Ridgeville Utilities
106 S Walnut St
PO Box 43
Ridgeville, IN 47380
765-857-2377
ridgevilleclerk@gmail.com

Office Use Only

Service Address: _____ Book#_____

Application Date:_____ Meter Start: _____

End Service Date: _____ Meter End: _____

Old Acct#:_____ New Acct#_____

Deposit Due: _____($35.00 owner) _____ ($85.00 renter)

Receipt#:_____ Cash: _____ Check# _____ MO: _____

Water Start Date: _____ **Copy of Driver's License** _____

I hereby make an application to Ridgeville Utilities and request that the property located at the address above be connected to the Utility System under the account (Owner: $35.00/Renter: $85.00/Tap Connection Charge: $500.00):

PLEASE PRINT Date:_____

Primary Name:_____
First Middle Last

Driver's License#_____ State:_____

Phone#_____ Email Address:_____

Mailing Address:_____

Secondary Name:_____
First Middle Last

Driver's License#_____ State:_____

Phone#_____ Email Address:_____

Under the penalities of perjury, I declare that the information provided is true, correct and complete to the best of my knowledge. I further acknowledge that providing false or misleading information on this application will subject me to criminal and/or civil prosecution.

If you are approved, service will begin within 48 hours, excluding weekends or holidays. **The resident must be present** when the water is turned on to prevent any possibility of running water, broken pipes or leaking toilets.

Primary Signature:_____ Date:_____

Secondary Signature:_____ Date:_____

Clerk's Signature:_____ Date:_____

In consideration there of, I agree:

_____ 1. To pay all applicable deposits, service charges, rates, meter connection charges or tapping fees and any other charges imposed by Ridgeville Utilities and to comply at all times wiht the ordinances, rules and regulations thereof relating to water, wastewater and sanitation services, making them part of this agreement.

_____ 2. To pay a Security Deposit by the rules and regulations of the Town of Ridgeville Utilities. As a renter, I may be requested to provide a copy of my lease agreement. Home Owners, $35.00; Renters, $85.00

_____ 3. My water bills are sent out every month about 15 days before the due date. To avoid water penalty being added to the net amount of my bill, it must be paid on time. The due date is the 15th of each month.

_____ 4. The Town of Ridgeville Utilities shall in no way be responsible for maintaining any service line owned by me, or for damage done by water escaping therefrom, or for defects in my service lines connected to the Town of Ridgeville Utilities. The Town of Ridgeville shall not be held responsible for (a) the breaking of any service lines or apparatus beyond theh meter, (b) any failure in the supply of water, or (c) the stoppage of the flow of water for any reason. Homeowners may not operate the meter's water valve for any reason. Damages to a meter will be repaired at the homeowner's expense.

_____ 5. Without additional notice, service will be disconnected for non-payment or in cases of inadequate payment (the amount paid is less than the required amount) 2 days after the due date printed on your statement. Without additional notice, the service will be disconnected for my failure to comply with all or any part of this agreement. I also understand that for my service to be resumed, ***FULL payment*** of my bill must be made along with a $35.00 reconnection fee during the normal office hours of 8:00am-4:00pm (closed from 12:00pm-1:00pm), Monday, Tuesday, Thursday and Friday.

_____ 6. To obtain a final bill, I must sign a Final Notice Form in person at the Clerk's Office located at 106 S Walnut St, Ridgeville. Failure to file and sign the Final Notice Form will result in further charges until one is completed.

I have read and understand my responsibilities in this agreement.

Primary Signature:_____ Date:_____

Secondary Signature:_____ Date:_____

Clerk's Signature:_____ Date:_____

Office Use Only

Landlord/Owner Name:_____ Phone#_____

Address:_____

Duplicate Bill Requested? _____Yes _____ No Duplicate delinquent letter requested? _____Yes _____No

Final Notice Form

Primary Name:_____ End Service Date:_____

Forwarding Address:_____

Primary Signature:_____ Date:_____

Clerk's Signature:_____ Date:_____