



INGALLS WATER COMPANY

308 N. Meridian Street | P.O. Box 277 | Ingalls, IN 46048-0277

Phone: (317) 485-4321 | Fax: (317) 485-5293

Email: watercompany@townofingalls.us

APPLICATION FOR WATER SERVICE

Commercial and Multi-family Customers

Effective Date:

Location of Service(s) (addition name / service address):

Customer / Business Name: _____

Billing Address: _____

Contact Name: _____ Tax ID/SS: _____

Phone: (____) _____ - _____ Email: _____

Work Phone: (____) _____ - _____

Emergency Contact Name: _____ Phone: (____) _____ - _____

- Applicant is required to provide a copy of the plans showing water service lines, meter location(s), backflow prevention mechanisms, on-site fire hydrants if applicable, accessible water shut-off valves to the supervisor of the Ingalls Water Company.

- If the account should become delinquent, applicant will be responsible to pay the delinquent amount with any incurred penalties, reconnection fee, or collection costs including but not limited to any collection agency fees, attorney fees, and all court costs.

- In the event the property which is the subject of this agreement is situated outside of corporate limits of the Town, as a part of this utility service agreement, I hereby waive my right to object and or remonstrate against any future annexation proceedings instituted by the Town, or by persons living in the area requesting annexation to the Town. This waiver shall be binding upon my heirs, successors, and assigns.

- The above information, I have provided, is correct to the best of my knowledge.

Applicant Signature

Date