

**Moores Hill Wastewater
Utility Service Agreement**

Town of Moores Hill
16610 N. Broadway
Street, P.O. Box 323
Moores Hill, IN. 47032
812-744-6213
Townofmoreshill.com

Office Use Only:	
Service Address:	_____
Book #:	_____ Application Date: _____
Previous Account #:	_____
New Account #:	_____
Deposit Due:	_____ Date deposit Paid: _____
Deposit receipt #:	_____ Date deposit returned: _____
_____	Copy of Deed Warranty _____ Copy of Rental Lease
Receipt #:	_____
Cash:	_____ Check: _____ MO: _____ CC: _____
Wastewater Start Date:	_____
Copy of Driver's License:	_____

I hereby make an application to the Moores Hill Wastewater Utility and request the property located at the address above be connected to the Utility system under the account: (PLEASE PRINT)

Please include a photocopy of your picture ID (Driver's License)

Primary Name: _____ Date: _____
(First Middle Last)

Social Security #: _____ Driver's License #: _____ State: _____

Phone #: (_____) _____ Email Address: _____

Mailing Address: _____

Secondary Name: _____ Date: _____
(First Middle Last)

Social Security #: _____ Drivers License #: _____ State: _____

Phone #: (_____) _____ Email Address: _____

Mailing Address: _____

In the event of an emergency concerning your wastewater service, please provide us with the following emergency contact information:

Name: _____ Phone #: _____

Under the penalties 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.

Primary Signature: _____ Date: _____

Secondary Signature: _____

Date: _____

Clerks Signature: _____

Date: _____

In consideration thereof, I agree: (Initial)

_____ 1. To pay all applicable deposits, service charges, rates, tapping fees, and any other charges imposed by the Moores Hill Sewage Utility, and to comply at all times with the ordinances, rules, and regulations thereof relating to wastewater services making them part of this agreement.

_____ 2. To pay a Security Deposit by the rules and regulations of the Town of Moores Hill. Homeowner \$151.46.

_____ 3. My wastewater bills are sent out every month about 20 days before the due date. To avoid a ten percent (10%) wastewater penalty being added to the net amount of the bill, it must be paid on time. The due date is the 20th of each month.

_____ 4. Moores Hill Wastewater Utilities shall in no way be responsible for maintaining any service line owned by me, or for damage done by wastewater escaping therefrom, or for defects in my service lines connecting to Moores Hill Wastewater Utilities. The Moores Hill Wastewater Utilities of the Town of Moores Hill shall not be held responsible for (a) the breaking of any service lines or apparatus beyond foundation of the structure, (b) any failure in the service of wastewater, or (c) the stoppage of the flow of wastewater for any reason. Homeowners may not operate on the wastewater service lines for any reason. Damage to a wastewater service line will be repaired at the homeowner's expense.

_____ 5. Additional notice will be given in the case of non-payment or in cases of inadequate payment (the amount paid is less than the required amount) 15 days after the due date on your printed notice of Pre-Lien.

_____ 6. To obtain a final bill, I must sign a Final Notice Form in person at the Town Hall located at 16610 N. Broadway Street. Failure to file a 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 Signature: _____

Date: _____

Office Use Only

Landlord/Owner Name: _____ Date: _____

Address: _____

Duplicate bill requested? Yes No Duplicate Pre-Lien letter requested? Yes No Final Notice Form

Primary Name: _____ Date of closing: _____

Forwarding Address: _____

Primary Signature: _____ Date: _____

Clerk Signature: _____ Date: _____

USDA BOND

The following information is requested by the Federal government to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity, and sex of the applicant based on visual observation or surname.

_____ I do not wish to furnish this information.

Ethnicity:

_____ Hispanic or Latino

_____ Not Hispanic or Latino

Race: (Mark all that apply)

_____ White

_____ Black or African American

_____ American Indian or Alaska Native

_____ Asian

_____ Native Hawaiian or Other Pacific Islander

Sex:

_____ Male

_____ Female

Non-Discrimination Statement:

This institution is an equal opportunity provider.

