



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 and storm water as applicable:

- Bills for Co. A and Co. C 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 Co. B 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 refunded to me after I have completed 24 consecutive months of good credit history or after my final bill is paid in full. 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 the Indiana State Board of Accounts will not allow the Water Department to apply my deposit toward the sanitation portion of my bill. 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) 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