



**City of Bloomington**  
**Utilities Individual Customer Contract**



Please mail this form to CBU, PO Box 2500, Bloomington, IN 47402-2500  
Or Fax to (812) 331-5407

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

Please type or print full legal name:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ (Optional) Date of Birth (Day-Month-Year) \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

I am the Property Owner [ ] Tenant [ ] Other [ ] (explain): \_\_\_\_\_

Name of the Property Owner: \_\_\_\_\_ Owner's Ph. #: \_\_\_\_\_

Your Employer's Name: \_\_\_\_\_ Employer's Ph. # \_\_\_\_\_

**Requested Date of Change:** \_\_\_\_\_ **Customer Acct #** \_\_\_\_\_  
(If applicable)

I am a new customer to City of Bloomington Utilities Yes [ ] No [ ]

*In the event of an emergency concerning your water and/or wastewater service, please provide us with the following emergency contact information:*

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

I hereby contract with City of Bloomington Utilities (CBU) for service and agree to pay CBU for such service in accordance with its established rates. I also agree to conform to all CBU Rules, Regulations, and Standards of Service and applicable Indiana Law, governing the use of water, wastewater, and storm water, now in force or which may hereafter be adopted.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_