

Please mail this form to CBU, PO Box 1216, Bloomington, IN, 47402-1216 or fax to 812-331-5407

CITY OF BLOOMINGTON UTILITIES
APPLICATION REQUEST FOR NEW WATER / SEWER CONNECTION
(ONLY FOR SERVICES TO SINGLE FAMILY AND DUPLEX RESIDENCE ON A SINGLE LOT)

Is property for which service is being requested located within the City of Bloomington corporate limits? Yes No **PARCEL ID #**

If no, a notarized "Waiver of Protest to Annexation" must be completed, and a deed submitted.
Date completed Waiver received: _____

Date service is desired: _____

WATER SEWER LAWN SPRINKLER METER ONLY

PROPERTY INFORMATION: SINGLE FAMILY DUPLEX

ADDRESS _____

SUBDIVISION _____ LOT NO. _____

OWNER:

NAME _____ TELEPHONE _____

ADDRESS _____

CONTRACTOR REGISTRATION # _____:

NAME _____ TELEPHONE _____

ADDRESS _____

PLUMBER:

NAME _____

I HEREBY MAKE APPLICATION FOR NEW SERVICE AT THE ABOVE LOCATION, AND I AGREE TO ABIDE BY ALL RULES AND REGULATIONS GOVERNING SAID SERVICE LINES NOW IN FORCE OR HEREAFTER ENACTED BY THE UTILITY SERVICE BOARD AND COMMON COUNCIL OF THE CITY OF BLOOMINGTON. I WILL BE RESPONSIBLE FOR ALL PIPE LINES AND DITCHES FROM STOP BOX AT CURB OR PROPERTY LINE. SAID LINE MUST BE INSTALLED OR SUPERVISED BY A LICENSED PLUMBER.

Amount Paid \$ _____ Date Paid _____ Balance Owed: _____

DATE _____ APPLICANT'S SIGNATURE _____

DOMESTIC DEMAND

LIST # OF EACH FIXTURE BELOW
_____ GPM

LAWN SPRINKLER PEAK DEMAND

- | | | | |
|------------------------|-----------------------|----------------------|--------------------|
| _____ TUB/SHOWER COMBO | _____ CLOTHES WASHERS | _____ ICE MAKERS | _____ LAUNDRY TUBS |
| _____ BAR SINKS | _____ DISHWASHERS | _____ KITCHEN SINKS | _____ SHOWER HEADS |
| _____ BIDETS | _____ HOSE BIBS | _____ BATHROOM SINKS | _____ TOILET |



CITY OF BLOOMINGTON UTILITIES CONTRACT FOR SERVICE

Residential _____

Non-Residential _____

Type of Service: Both _____ Water Only _____ Wastewater Only _____ Start Date: ____ / ____ / ____

Account Name (Print): _____ Telephone: _____

Service Address: _____

Mailing Address: _____

Name of property owner (if other than yourself): _____ Telephone: _____

In the event of an emergency concerning your service, please provide us with a contact person:

Name: _____ Telephone: _____

	<p>For preauthorized payment from you checking or savings account, please complete the green aqua pay form.</p>
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I hereby contract with City of Bloomington Utilities (CBU) for service at the above address and agree to pay CBU for such service in accordance with its established rates. I also agree to conform to all CBU Rules, Regulations, Standards of Service and applicable Indiana law, governing the use of water and wastewater, now in force or which may hereafter be adopted.

Employer's Name: _____ Employer's Phone: _____

Signature: _____ Social Security Number (Optional): _____

Printed Name: _____ Date of Birth: ____ / ____ / ____ Today's Date: ____ / ____ / ____

If signing for a business, please provide us with your business title: _____