

CITY OF BLOOMINGTON UTILITIES
APPLICATION REQUEST FOR NEW WATER / SEWER CONNECTION
(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 18-digit Parcel #

If no, a copy of the deed must be submitted with this application, and a notarized "Waiver of Protest to Annexation" must be completed.

Date completed Waiver received: _____

Date service is desired: _____

WATER SEWER LAWN SPRINKLER

PROPERTY INFORMATION: SINGLE FAMILY DUPLEX

ADDRESS _____

SUBDIVISION _____ LOT NO. _____

OWNER: Party to be billed connection fees

NAME _____ TELEPHONE _____

ADDRESS _____

CONTRACTOR: Party to be billed connection fees

NAME _____ TELEPHONE _____

ADDRESS _____

PLUMBER:

NAME _____

DOMESTIC DEMAND: LIST QTY OF EACH FIXTURE BELOW

_____ TUB w/SHOWER	_____ SHOWER ONLY	_____ TOILET	_____ CLOTHES WASHER
_____ BAR SINK	_____ DISHWASHER	_____ BIDET	_____ LAUNDRY TUP
_____ KITCHEN SINK	_____ ICE MAKER	_____ BATHROOM SINK	_____ HOSEBIB

LAWN SPRINKLER PEAK DEMAND _____ GPM

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.

APPLICANT'S SIGNATURE _____

PRINTED NAME _____ DATE _____

Submit in person at 600 E Miller Dr, by email to johnsotk@bloomington.in.gov,
by mail to CBU, PO Box 1216, Bloomington, IN, 47402-1216,
or by fax to 812-331-5407



**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: _____



For preauthorized payment from you checking or savings account, please complete the green aqua pay form.

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: _____