

**CITY OF BLOOMINGTON UTILITIES**  
**APPLICATION REQUEST FOR NEW WATER / SEWER CONNECTION**  
(ONLY FOR COMMERCIAL/BUSINESS, MULTIPLE DWELLING RESIDENTIAL, AND INDUSTRIAL SERVICES)

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 ☐ FIRE LINE ☐ LAWN SPRINKLER ☐  
PROPERTY INFORMATION: COMMERCIAL ☐ INDUSTRIAL ☐ MULTI-FAM RESID ☐ UNIT COUNT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PROJECT NAME \_\_\_\_\_ LOT # \_\_\_\_\_

OWNER: Party to be billed connection fees ☐

COMPANY NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTRACTOR INFORMATION: Party to be billed connection fees ☐ RIGHT OF WAY PERMIT # ☐

COMPANY NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**WILL THERE BE ANYTHING OTHER THAN HUMAN WASTE DISCHARGED TO THE SANITARY SEWER AT THIS ADDRESS? YES / NO**

**IF YES, COMPLETE INDUSTRIAL PRETREATMENT FORM:** Questionnaire \_\_\_\_ Application \_\_\_\_

**DOMESTIC DEMAND FLOW: LIST QTY OF EACH FIXTURE BELOW**

____ Bathtub	____ Drinking Fountain	____ Shower Head
____ Bar Sink	____ Hose Bib	____ Service Sink
____ Bidet	____ Ice Maker	____ Urinal, Pedestal
____ Clothes Washer	____ Ice Machine, Commercial	____ Urinal, Wall
____ Cuspidor	____ Kitchen Sink	____ Urinal, Tank
____ Dishwasher	____ Kitchen Bay Sink, # of bays (Comm)	____ Wash Sink
____ Dishwasher Commercial	____ Lavatory	____ Water Closet, Flushvalve
____ Dishwasher, Commercial Spray	____ Laundry Tub	____ Water Closet, Tank

Continuous Demand:

Constant Water Demand other than from above \_\_\_\_\_ GPM Explanation for need of this demand \_\_\_\_\_

Lawn Sprinkler Peak Demand \_\_\_\_\_ GPM

APPLICANT'S SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

Submit in person at 600 E Miller Dr, by email to [johnsotk@bloomington.in.gov](mailto: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: \_\_\_\_\_