

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 city limits? ___ Yes ___ No

18-digit Parcel#
 - - - - . -

If not in city limits, a copy of the deed must be submitted with this application, and a notarized "Waiver of Protest to Annexation" must be completed. Date copy of deed submitted to Legal _____ Date completed "Waiver" signed _____

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 axsomn@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 Commercial Customer Contract



Please type or print full legal entity name:

Corporate Name: _____

Name most commonly known as (if applicable): _____

Service Address: _____

Mail Attention: _____

Mailing Address: _____

Date of Incorporation (Day-Month-Year): _____ State of Incorporation: _____

Federal ID #: _____ Business Phone #: _____

Contact Person: _____ Contact Phone #: _____

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

Name of Property Owner: _____ Owner's Phone #: _____

Requested Date of Change: _____ **Customer Acct. #:** _____

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 services in accordance with its established rates. I also agree to conform to all CBU Rules, Regulations, and Standards and applicable Indiana law, governing the use of water, wastewater, and stormwater, now in force or which may hereafter be adopted.

Signature: _____ Date: _____

Title of individual signing for business or organization:
