

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 city limits? Yes No

18-digit Parcel #
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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 deed submitted to Legal Date completed Waiver signed

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

<input type="text"/> TUB w/SHOWER	<input type="text"/> SHOWER ONLY	<input type="text"/> TOILET	<input type="text"/> CLOTHES WASHER
<input type="text"/> BAR SINK	<input type="text"/> DISHWASHER	<input type="text"/> BIDET	<input type="text"/> LAUNDRY TUP
<input type="text"/> KITCHEN SINK	<input type="text"/> ICE MAKER	<input type="text"/> BATHROOM SINK	<input type="text"/> 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 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 Individual Customer Contract



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

utilities.cs@bloomington.in.gov

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: _____ Date of Birth _____

Social Security #: _____ (Optional) Driver License # _____

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 #** _____

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, storm water, and sanitation, now in force or which may hereafter be adopted.

Signature: _____

Date: _____