

CITY OF BLOOMINGTON UTILITIES
APPLICATION REQUEST FOR NEW WATER / SEWER CONNECTION
(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

If NO, a copy of the recorded deed must be submitted with this application for the preparation, by the City Legal Dept, of the required Waiver of Protest of Annexation.

(FOR OFFICE USE ONLY: Date copy of deed submitted to Legal _____ Date completed "Waiver" signed _____ Waiver ID# _____)

Date service is desired: _____

WATER ☐ SEWER ☐ FIRE LINE ☐ LAWN SPRINKLER ☐

PROPERTY INFORMATION: COMMERCIAL ☐ INDUSTRIAL ☐ MULTI-FAM RESID ☐ UNIT COUNT _____

18-digit Parcel# - - - - . -

PROJECT ADDRESS _____

PROJECT NAME _____ LOT# _____

OWNER INFORMATION: 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 _____

DOMESTIC DEMAND FLOW: LIST QTY OF EACH FIXTURE BELOW

<input type="checkbox"/> Bathtub/Shower combo	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Shower only
<input type="checkbox"/> Bar Sink	<input type="checkbox"/> Hose Bib	<input type="checkbox"/> Service Sink
<input type="checkbox"/> Bidet	<input type="checkbox"/> Ice Maker	<input type="checkbox"/> Urinal, Pedestal
<input type="checkbox"/> Clothes Washer	<input type="checkbox"/> Ice Machine, Commercial	<input type="checkbox"/> Urinal, Wall
<input type="checkbox"/> Cuspidor	<input type="checkbox"/> Kitchen Sink	<input type="checkbox"/> Urinal, Tank
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Kitchen Bay Sink, # of bays (Comm)	<input type="checkbox"/> Wash Sink
<input type="checkbox"/> Dishwasher Commercial	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Water Closet, Flushvalve
<input type="checkbox"/> Dishwasher, Commercial Spray	<input type="checkbox"/> Laundry Tub	<input type="checkbox"/> Water Closet, Tank

Continuous Demand:

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

Lawn Sprinkler Peak Demand _____ GPM

APPLICANT'S SIGNATURE _____

PRINTED NAME _____ DATE _____

BUSINESS TITLE OF SIGNER _____

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

Commercial Customer Contract

Please type or print below

Requested Date of Service: _____

Full Entity Name: _____

Name Most Commonly Known As: _____

Service Address: _____ Bloomington, Zip Code: _____

Mailing Address: _____ Mail Attn: _____

Date of Incorporation (mm/dd/yy): _____ State of Incorporation: _____ Federal Tax ID# _____

Business Phone: _____ Contact Person: _____

Contact Phone#: _____ Contact Email: _____

I am: the Property Owner: ☐ the Tenant ☐ Other ☐ Explain: _____

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

EMERGENCY CONTACT: In the event of an emergency concerning your water and/or wastewater service, please provide us with the following emergency contact information:

Name: _____ Phone: _____

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: _____

Printed Name: _____

Title of individual signing for business or organization

(For Office Use Only: Customer #: _____)