

**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 \_\_\_

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

(FOR OFFICE USE ONLY: Date submitted to Legal \_\_\_\_\_ Date completed "Waiver" signed \_\_\_\_\_ Waiver # \_\_\_\_\_)

18-digit Parcel #  -  -  -  -  .  -

Date service desired : \_\_\_\_\_

SERVICES REQUESTED: WATER  SEWER  LAWN SPRINKLER

STRUCTURE TYPE: SINGLE FAMILY  DUPLEX

ADDRESS \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

OWNER INFORMATION:  Party to be billed connection fees

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

ADDRESS \_\_\_\_\_

CONTRACTOR INFORMATION:  Party to be billed connection fees

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

ADDRESS \_\_\_\_\_

PLUMBER:

NAME \_\_\_\_\_

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

<input type="checkbox"/> TUB w/SHOWER	<input type="checkbox"/> SHOWER ONLY	<input type="checkbox"/> TOILET	<input type="checkbox"/> CLOTHES WASHER
<input type="checkbox"/> BAR SINK	<input type="checkbox"/> DISHWASHER	<input type="checkbox"/> BIDET	<input type="checkbox"/> LAUNDRY TUP
<input type="checkbox"/> KITCHEN SINK	<input type="checkbox"/> ICE MAKER	<input type="checkbox"/> BATHROOM SINK	<input type="checkbox"/> 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 \_\_\_\_\_

Please email to [axsomn@bloomington.in.gov](mailto:axsomn@bloomington.in.gov),  
 mail to CBU, PO Box 1216, Bloomington, IN, 47402-1216,  
 or Fax to 812-331-5961



Ask about:



# 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 Incorp (mm/dd/yy): \_\_\_\_\_ State of Incorp: \_\_\_\_ 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 #: \_\_\_\_\_)**

Please email to [axsomm@bloomington.in.gov](mailto:axsomm@bloomington.in.gov),  
mail to CBU, PO Box 1216, Bloomington, IN 47402-1216,  
or Fax to (812) 331-5961  
Please include a photocopy of your picture ID (Driver's License, Student ID)