

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

_____ TUB w/SHOWER	_____ SHOWER ONLY	_____ TOILET	_____ CLOTHES WASHER
_____ BAR SINK	_____ DISHWASHER	_____ BIDET	_____ LAUNDRY TUP
_____ KITCHEN SINK	_____ ICE MAKER	_____ BATHROOM SINK	_____ 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,
 mail to CBU, PO Box 1216, Bloomington, IN, 47402-1216,
 or Fax to 812-331-5961



Ask about:



Individual Customer Contract

Please type or print below

Requested Date of Service: _____

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. # _____

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: _____

For office use only: Customer Acct # _____

Please email to 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)