



CITY OF BLOOMINGTON UTILITIES

Individual Customer Contract

Please mail this form to CBU, PO Box 2500, Bloomington, IN, 47402-2500

Or email to utilities.cs@bloomington.in.gov

First Name: _____ Last Name: _____

Service Address: _____

Mailing Address: _____

Phone #: (____) _____ Date of Birth: ____/____/____

Email Address: _____

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

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

Requested Date of Change (Monday-Friday, excluding Holidays): ____/____/____

How would you like to receive your bills: Mail ☐ Email ☐ Both ☐

Are you 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 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 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: _____ Today's Date: ____/____/____

Please include a photocopy of your picture ID (Driver's License, Passport, State ID)

For Office Use - Account Number: _____