

LIGONIER UTILITIES
OWNER'S APPLICATION FOR WATER SERVICES

Occupants Name(s): _____

Service Address: _____

Phone No. _____ Move In date: _____

Email Address _____

Indiana Driver's License # _____ (Attach Copy)

Have you ever had an account with the City of Ligonier? _____

If you have, List Last Address: _____

The City of Ligonier will bill you each month for Water, Wastewater and Sanitation. The sanitation billing is a current billing and the water/wastewater is for the previous month. All will be on the same billing. It is your responsibility to let the City know when you move out. You will be billed a final billing after your move out date. By signing this application you are saying you have read this document and agree to pay any and all bills incurred between your move in date and the time you notify us to discontinue service.

Occupant 1 Signature

Occupant 2 Signature

Date: _____

For office use only

Account Number _____ Bk & Rt. _____ Sequence _____