



APPLICATION FOR WATER SERVICE

Wolcott Municipal Utilities
101 West North Street, PO Box 38
Wolcott, IN 47995
219-279-2216 Ext. 1
219-747-0046 fax
www.wolcottindiana.org

Form must be completed, signed and submitted to the Wolcott Municipal Utilities Dept., along with one form of picture I.D. and any applicable deposits prior to connection of service.

****Upon submittal of this application your water service shall be connected within normal operating hours for the Department. No after-hours connection is authorized.**

Section 1. Applicant's information: START DATE: _____

FULL NAME(S): _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER(S): Home: _____ Work: _____ Cell: _____

Are you the legal DEEDED owner of the property? YES / NO

Section 2. Legal DEEDED Owner of Property Information:

FULL NAME(S): _____

PHONE NUMBER(S): Home: _____ Work: _____ Cell: _____

As legal deeded owner I agree to leave the utility bill in owner's name stating the tenant does not need to pay the \$150 deposit.

Owner of Record

Hold Harmless. As a condition precedent to the use of water by any Customer and to the permission to tap any water main, sewer, or the connection of service pipes with any branch main, any Person shall hold the Utility and the Town of Wolcott, Indiana, harmless for any damages related to any interruption of the supply of water or sewer service, for any damages caused by accident to any part of the water works, or for repairs of machinery, fire hydrants or mains, or for damages caused by defective piping and appliances on the Customer's premises.

Section 3. Affirmation:

I affirm that the above information is true & correct. DATE: _____

Owner of Record

Tenant entered into a rental agreement with the Owner of Record

For Internal Use Only

Receipt # _____ Account # _____ Cash/Check# _____ Clerk _____