

P.O. BOX 624

Cloverdale, IN 46120-0624

Date: \_\_\_\_\_

Office Phone #: 1 – 765-795-3288/Office Fax #1-765-795-3298

**APPLICATION FOR WATER SERVICE**

Name of property owner(s): \_\_\_\_\_

Name of resident (if different): \_\_\_\_\_

Address of property where service is desired: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_ Residential Prop?: \_\_\_\_\_ Commercial?: \_\_\_\_\_

If above address lists a rural route number only, please provide additional information (i.e., county road property is on or nearest to) for locating the property. For new service, please provide a map or lot number (if available) or drive a stake in the ground where the meter should be set and CATARACT LAKE WATER CORP. will set as close to the stake as possible. It is up to the applicant to mark the site for meter placement. CATARACT LAKE WATER CORP. will not be responsible if the meter is set outside the property line.

Applicant must provide:

Driver’s license#: \_\_\_\_\_

Current Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Applicant must provide appropriate paperwork. Office staff will mark all numbers below that apply to your service. Your service may require a highway permit, which sometimes takes up to 4 weeks to obtain. Please allow enough time for the permit. Call before you dig; underground utilities will take up to 3 days to locate. A meter can not be set until all locates have been completed.

\_\_\_\_\_ (1) Two completed copies of water user’s agreements; note: membership will be issued to the person(s) signing the agreement.

\_\_\_\_\_ (2) One completed right of way easement form which has been *notarized and recorded* at the County Seat where the property is located (form applies if no existing service has been established at this property before.)

\_\_\_\_\_ (3) A copy of the septic system layout and a copy of the septic permit issued by the County Health Department. Layout must have complete layout of the land, footage, and roads. State law requires that all septic systems or sewers can not be within 10 feet of a pressure line which supplies potable water (form applies if no existing service has been established at this property before.).

**Amount of Fees Due:**

**\*\* Please Note: We only accept - Check, Cash or Money Order.**

Membership Fee: \_\_\_\_\_

Hook-on fee: \_\_\_\_\_

Reconnect/Connect Fee: \_\_\_\_\_

**Total Due:** \_\_\_\_\_