



Marion Utilities
 1540 N Washington St.
 Marion IN 46952
 www.marionutilities.com
 765-664-2391

Business Service Application For Water / Wastewater Service

PLEASE READ:

- 1) TWO FORMS OF ID ARE REQUIRED AT THE TIME OF APPLICATION FOR SERVICE.
- 2) INTENTIONAL FALSIFICATION OF THIS APPLICATION WILL RESULT IN IMMEDIATE DISCONTINUANCE OF SERVICE.
- 3) THE APPLICATION MUST BE FILLED OUT COMPLETELY.
- 4) THE UTILITY IS NOT RESPONSIBLE FOR ANY WATER DAMAGE TO A BUSINESS.
- 5) A FOUR HOUR APPOINTMENT WILL BE SET TO TURN SERVICE ON. IF YOU ARE NOT THERE, YOU WILL BE CHARGED AN ADDITIONAL SERVICE FEE FOR THE SECOND CALL.
- 6) HALF OF YOUR UNPAID BALANCE WILL BE ADDED TO YOUR ACCOUNT TO COVER COLLECTION FEES OR COURT COSTS IN THE EVENT YOU ARE TURNED OVER FOR COLLECTION OR SUIT.
- 7) I UNDERSTAND THAT IF THE UTILITY DOES WAIVE MY DEPOSIT BUT I DO NOT KEEP MY BILL CURRENT A DEPOSIT MAY BE REQUIRED AT A LATER DATE.

Application Date _____

Business Name _____ Owner's Name _____

Service Address _____

Mailing Address _____

Business Phone Number _____ Owner's Phone Number _____

Tax ID # _____ Owner's Date of Birth _____

Owner's Social Security Number _____ Owner's Driver's License Number _____

Email Address _____

Property Owner's Name/Address _____

Have you or your business had water service in your name in Marion? Yes No

If yes, under what name? _____

For what address? _____ What Year? _____

CREDIT REFERENCES (If you would like for the Utility to consider waiving the deposit):

List 3: Where: _____
 Where: _____
 Where: _____

I WAS GIVEN A MARION UTILITIES REGULATION HANDBOOK. I HEREBY AUTHORIZE MARION UTILITIES TO CHECK MY CREDIT FILE AT CBCINNOVIS CREDIT REPORTING. I HAVE READ THIS APPLICATION IN FULL AND I AGREE TO THE TERMS OUTLINED.

 Signature Date

FOR UTILITY USE ONLY: Acct. No. _____ Connection Date _____
 Deposit Waived. _____ Deposit Amount \$ _____