Business Service Application For Water/Sewage Service

NOTICE:

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 COMPLETELY FILLED OUT.
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) 50% 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 _____ Business Owner's Name _____

Service Address _____ Mailing Address _____

Tax ID# _____ Owner's Social Security Number _____

Email Address _____ Owner's Birth Date _____

Owner's Number _____ Business Number _____

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 THE MARION CREDIT BUREAU AND/OR I HAVE READ THIS APPLICATION COMPLETELY. I AGREE TO ALL TERMS OUTLINED.

_____ _____
Signature Date

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

1540 N. Washington St. • Marion, IN 46952 Marion Utilities www.marionutilities.com • 765.664.2391