

**CENTRAL INDIANA COUNTY WATER AUTHORITY
APPLICATION FOR WATER SERVICE**

NAME OF LANDLORD/OWNER _____ ACCOUNT NO. _____

SERVICE ADDRESS _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

- I. APPLICATION IS MADE FOR:
(CHECK ONE) DOMESTIC ___ BUSINESS ___ PUBLIC ___ OTHER ___
- II. DESCRIPTION OF PREMISES:
(CHECK ONE) SINGLE FAMILY DWELLING ___ APARTMENT ___
ONE SIDE, DUPLEX ___ MOBILE HOME ___ OTHER ___
- III. NUMBER OF HOUSEHOLD MEMBERS AT THE TIME OF APPLICATION:
ADULTS ___ CHILDREN ___
- IV. STARTING DATE OF SERVICE: _____

THIS APPLICATION IS MADE PURSUANT AND SUBJECT TO THE RULES AND REGULATIONS OF THE HOMER CITY BOROUGH/CENTRAL INDIANA COUNTY WATER AUTHORITY NOW PREVAILING AND AS MAY HEREAFTER BE ADOPTED. APPLICANT HEREBY AGREES TO PAY FOR WATER SERVICE IN ACCORDANCE WITH THE SCHEDULE OF RATES FOR SUCH CLASSIFICATION OF SUCH SERVICE AS NOW ESTABLISHED AND FROM TIME TO TIME HEREAFTER MAY BE LAWFULLY ADOPTED BY THE AUTHORITY.

IN THE EVENT THAT APPLICANT SHALL FAIL TO PAY ANY BILL FOR WATER SERVICE, WATER SUPPLY MAY BE SHUT OFF TEN DAYS AFTER WRITTEN NOTICE OF SUCH TERMINATION HAS BEEN MAILED TO THE LANDLORD.

THE LANDLORD HAS EXECUTED THIS APPLICATION, INTENDING TO BE LEGALLY BOUND THEREBY THIS _____ DAY OF _____, 20__.

APPLICANT SIGNATURE

.....
FOR OFFICE USE ONLY:

DEPOSIT PAID \$ _____ DATE _____

READING DATE _____ TIME _____

AUTHORITY SIGNATURE