

Town of OSSIAN



507 NORTH JEFFERSON
OSSIAN, INDIANA 46777
(260) 622-4251
Fax (260) 622-6250

Today's Date _____ **Application for Utility Services**

APPLICANT INFORMATION:

Name: _____
Last First Middle Initial Maiden name

Requested date of Service Connection: _____ Phone: () _____

Address of Services: _____

Social Security #: _____ Driver's License #: _____

Date of Birth: _____ Email Address: _____

Employer Name & Address: _____

Are you buying? _____ New Construction

Are you renting? _____ Are you buying on contract? _____

Landlord Name & Contact Info: _____

SPOUSE/DOMESTIC PARTNER INFORMATION:

Name: _____
Last First Middle Initial Maiden name

Social Security #: _____ Driver's License #: _____

Date of Birth: _____ Phone: () _____

Employer Name & Address: _____

List names of all occupants over the age of 18: _____

Billing Name & Address (If different from above)

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip Code: _____

Note: A valid state or government issued photo ID and a valid lease agreement (if renting) are required at the time you apply for services. Deposit must be paid in full at time of the application.

Undersigned hereby acknowledges that each is jointly and severally responsible for the utility charges accrued at the above "Service Address" and, in the event that collection of any delinquent charges is necessary, is responsible for the past due amounts, delinquency charges, and all costs of collection including but not limited to, attorney's fees and court costs. This Application for Utility Services shall constitute a service contract between the Applicant and Ossian Utilities and the Applicant agrees to comply with all rules and regulations of Ossian Utilities and the applicable sections of the Indiana Code as the same relates to utility services.

Signature 1: _____ Signature 2: _____

For Office Use: Waiver? _____ DEP _____ WO _____ ACH form? _____ PIN# Request _____