



**SOUTH BEND WATER UTILITY**  
Application for Service  
125 W. Colfax., South Bend, IN 46601

**phone (574)235-9236**  
**fax (574)235-5645**

Account No: \_\_\_\_\_ Date \_\_\_\_\_  
(Office use only)

Name: \_\_\_\_\_ Home Phone/cell: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License No: \_\_\_\_\_

Service Address: \_\_\_\_\_

Check One: Own \_\_\_ Rent \_\_\_ Land Contract \_\_\_ Lot \_\_\_\_\_ Subdivision \_\_\_\_\_  
(\*for builders only)

Date of Purchase/ Lease \_\_\_\_\_

Mailing Address: (If different than service address)  
\_\_\_\_\_

Employer: \_\_\_\_\_  
(Name/Address/Applicants Position)

Personal Reference \_\_\_\_\_  
(Name/Address/phone) Relationship

Credit Reference \_\_\_\_\_  
(Institution/Account Type/Number)

Date to start service: \_\_\_\_\_ Email \_\_\_\_\_

**IF TENANT, COMPLETE THE FOLLOWING:**

Name of Owner/ Realtor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**Office Use Only:**

**Type of Service**

DEPOSIT	\$ _____	<input type="checkbox"/> RESIDENCE (one Family)	<input type="checkbox"/> RESIDENCE (multi-family)
SERVICE FEE	\$ _____	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INSTITUTIONAL
AMOUNT	\$ _____	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> IRRIGATION (RESIDENCE)
BALANCE	\$ _____	<input type="checkbox"/> OTHER	<input type="checkbox"/> IRRIGATION (COMMERCIAL)

**IMPORTANT: OWNER'S:** A LIEN WILL BE PLACED ON THE PROPERTY IF A SEWER ACCOUNT REMAINS UNPAID.

APPLICANT OR AGENT \_\_\_\_\_ Full signature CLERK \_\_\_\_\_ Print full name

(IF ACCOUNT IS ON BEHALF OF A BUSINESS, IDENTIFY THE APPLICANTS TITLE/POSITION)

**PRINT**