ROCKPORT MUNICIPAL UTILITIES
APPLICATION FOR UTILITY SERVICE

Please ensure that the application is completed in its entirety, and include a copy of your identification, deposit, and the signed lease agreement.

You may submit your application and identification via email to UTILITIES@ROCKPORT.IN.GOV, or deliver them in person to City Hall during office hours: Monday through Thursday, 8:00 a.m. to 3:00 p.m., and Friday, 8:00 a.m. to 12:00 p.m. Deposits can be made in person or electronically at Paygov.us Code 3713

_____
(ACCOUNT NUMBER FOR OFFICE USE ONLY)

SOCIAL SECURITY / TAXPAYER ID NO: _____

APPLICANT NAME: _____ _____ _____
(LAST) (FIRST) (MI)

SERVICE ADDRESS: _____

BILLING ADDRESS: _____
(IF DIFFERENT)

_____ _____ _____
(CITY) (STATE) (ZIP CODE)

TELEPHONE: PERSONAL (_____) _____ **WORK (_____)** _____

EMPLOYER / BUSINESS NAME: _____

DO YOU OWN THIS ADDRESS? ☐ **YES** ☐ **NO** **IF NO, PROPERTY OWNER / MANAGER NAME IS:** _____

ACCOUNT TYPE: ☐ **RESIDENTIAL** ☐ **COMMERCIAL** ☐ **OTHER**

SERVICE(S) REQUESTED: ☐ **WATER** ☐ **SEWER** ☐ **TRASH**

REQUESTED DATE OF SERVICE CONNECTION: _____

HAVE YOU HAD SERVICE WITH ROCKPORT MUNICIPAL UTILITIES BEFORE? ☐ **NO** ☐ **YES** **IF YES, WHAT NAME AND AT WHAT ADDRESS WAS THE SERVICE LISTED?**

NAME: _____

SERVICE ADDRESS: _____ _____ _____ _____
(HOUSE NUMBER) (N / S / E / W) (STREET NAME) (APT NO)

WERE THESE SERVICES EVER TERMINATED FOR NON-PAYMENT? ☐ **NO** ☐ **YES** **WHEN?** _____

APPLICANT STATEMENT

I HAVE READ AND UNDERSTAND THE QUESTIONS PRESENTED ABOVE AND DULY ATTEST THAT MY RESPONSES ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MISREPRESNTATION, FALSIFICATION, OR OMISSION OF ANY FACTS OR INFORMATION CALLED FOR ON THIS APPLICATION ARE SUBJECT TO CITY OF ROCKPORT CODES AND ORDINANCES. I ALSO UNDERSTAND THAT IF SUCH INFORMATION IS FOUND TO BE FALSE OR FRADULENT, THE ROCKPORT MUNICIPAL UTILITIES WILL BE BOUND TO RESOLVE THIS MATTER IN ACCORDANCE WITH ITS POLICIES, CITY CODES AND/OR ORDINANCES AND STATE STATUTES. THIS MAY INCLUDE FEES, FINES AND/OR TERMINATION OF SERVICE. I FURTHER UNDERSTAND THAT, IF I AM RENTING, TERMINATION OF THESE SERVICES SHOULD BE PLANNED TO COINCIDE WITH MY ACTUAL DATE OF VACATING THE PREMISES. I ALSO AGREE TO PAY FOR ALL UTILITY SERVICES WHEN DUE, AND ATTORNEY FEES AND COSTS OF COLLECTION WHICH THE ROCKPORT MUNICIPAL UTILITIES MUST PAY TO COLLECT ANY DELINQUENCIES.

DATE: _____ **APPLICANT SIGNATURE:** _____

RENTAL PROPERTY OWNER / MANAGER ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT THE APPLICANT HEREIN IS THE TENANT SO NAMED IN MY LEASE / RENTAL AGREEMENT. I ALSO ACKNOWLEDGE THAT THE SERVICES IDENTIFIED ABOVE ARE TO BE PAID BY THE PERSON OR ENTITY HEREIN NAMED, BUT UNDERSTAND THAT, PURSUANT TO INDIANA STATE 36-9-23-31/33, I REMAIN ULTIMATELY RESPONSIBLE FOR ANY SEWER CHARGES IN THE EVENT OF NON-PAYMENT OF SAID CHARGES. I ALSO UNDERSTAND THAT THE ACCOUNT COVERING THE UTILITY SERVICES IDENTIFIED ABOVE BELONGS TO THE PERSON OR ENTITY NAMED HEREIN, AND CAN BE DISCONTINUED AT HIS/HER/ITS DISCRETION AT ANY TIME REGARDLESS OF WHEN HE/SHE/IT ACTUALLY VACATES THE SERVICE ADDRESS. SERVICES, IN THIS EVENT, SHALL BE EITHER TRANSFERRED TO MY NAME OR TERMINATED AS DIRECTED BY ME IN THE RENTAL PROPERTY OWNER QUESTIONNAIRE ON FILE AT THE UTILITY BUSINESS OFFICE.

PROPERTY OWNER / MANAGER CONTACT INFORMATION:

NAME : _____

ADDRESS: _____

DATE: _____ **SIGNATURE:** _____

UTILITY BUSINESS OFFICE ACKNOWLEDGEMENT

THE APPLICANT NAMED ABOVE HAS ESTABLISHED AN ACCOUNT WITH THE ROCKPORT MUNICIPAL UTILITIES AT THE SERVICE ADDRESS INDICATED. THE SERVICES IDENTIFIED ABOVE WILL BE CONNECTED OR TRANSFERRED ON:

DATE: _____

WATER: _____

SEWER: _____

TRASH: _____

READ: _____