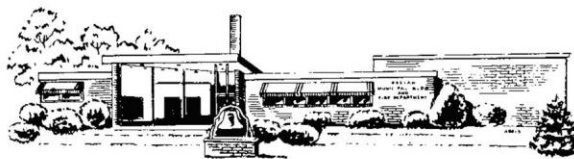


# Town of OSSIAN



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: \_\_\_\_\_ Are you renting? \_\_\_\_\_

Address of Services: \_\_\_\_\_ Landlord name: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

### Spouse/Domestic Partner Information:

Name: \_\_\_\_\_  
Last First Middle Initial Maiden name

Name and Address of Employer: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

List names of all occupants over the age of 18:

\_\_\_\_\_  
\_\_\_\_\_

### Billing Name & Address (If different from above)

Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

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: ID \_\_\_\_\_ DEP \_\_\_\_\_ WO \_\_\_\_\_ Archive check \_\_\_\_\_ Date of approval \_\_\_\_\_