



## SOUTH BEND MUNICIPAL UTILITIES

### Tenant Application for Service

125. W Colfax, South Bend, IN 46601

Phone (574)235-9236 Fax (574)235-5645

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### TO BE COMPLETED IN CONJUNCTION WITH OWNER AUTHORIZATION OF SERVICE FORM

Date: \_\_\_\_\_ **SERVICE ADDRESS:** \_\_\_\_\_

#### TENANT INFORMATION:

Name of Tenant: \_\_\_\_\_

Name of Legal Agent of the Business *if property is in the name of a business:*

\_\_\_\_\_ Primary Phone #: \_\_\_\_\_ (cell/home)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_ - \_\_\_\_\_

Identification #: \_\_\_\_\_ Type of ID: \_\_\_ Driver's License \_\_\_ State ID \_\_\_ Passport

Date of Lease: \_\_\_\_\_ Date to start service: \_\_\_\_\_ a.m. \_\_\_ or p.m. \_\_\_

Mailing address (if different than service address): \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Email address: \_\_\_\_\_

#### OWNER INFORMATION:

Name of Property Owner: \_\_\_\_\_

Mailing Address of Owner: \_\_\_\_\_

Phone #: \_\_\_\_\_

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By signing this form, I acknowledge as the tenant, the following:

- My service will not be started until both the Owner Authorization of Service and Tenant Application for Service forms, along with the paid deposit (if applicable), have been received by the South Bend Municipal Utilities.
- I must inform South Bend Municipal Utilities of termination date, upon vacating the property.
- I must inform South Bend Municipal Utilities of any updated contact information.
- I am responsible for any service charges and miscellaneous charges while residing in this premise.
- The owner will be notified of any delinquent balances on the utility account.
- If there is an interruption of water services for any reason, the South Bend Municipal Utilities has fully explained, and I understand the potential risks and damages that may result from any open faucet, toilet or leaking water pipe located inside or outside the property. I am therefore encouraged to have someone over the age of 18 present when water service is restored.

Full Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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Office Use Only:

Account #: \_\_\_\_\_ - \_\_\_\_\_

Inside: \_\_\_\_ Outside: \_\_\_\_ Clay: \_\_\_\_

Cycle/Route: \_\_\_\_\_

Type of Service: \_\_\_ Sewer \_\_\_ Water \_\_\_ Irrigation \_\_\_ Storm Water

Deposit: \$ \_\_\_\_\_

Meter Size: \_\_\_\_\_ Water \_\_\_\_\_ Irrigation

Service Initiation Fee: \$ \_\_\_\_\_

Name of CSR: \_\_\_\_\_

Notes: