



SOUTH BEND MUNICIPAL UTILITIES

Owner Authorization of Service Form

125. W Colfax, South Bend, IN 46601

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

TO BE COMPLETED IN CONJUNCTION WITH TENANT APPLICATION FOR SERVICE

Date: _____ **SERVICE ADDRESS:** _____

OWNER INFORMATION:

Name of Property Owner: _____

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

_____ Primary Phone #: _____ (cell/home)

Social Security #: _____ - _____ - _____ Federal Tax ID: _____ - _____

Identification #: _____ Type of ID: ___ Driver's License ___ State ID ___ Passport

Mailing address of Owner: _____

Employer: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Email address: _____

TENANT INFORMATION:

Name(s) of Tenant(s): _____

Primary Phone #: _____ (cell/home)

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

Date of Lease: _____

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By signing this form, I acknowledge as the property owner, the following:

- 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.
- The Utilities account will be in my tenant's name; I am ultimately responsible for payment of all Utilities charges other than Water Charges, Refuse Charges and Miscellaneous Fees at this location and the City may file a lien against my property for unpaid Sewer and Storm Water charges, pursuant to Indiana Code 36-9-23-32, 8-1.5-5-29, and 8-1.5-5-30.
- I waive the right to have services disconnected once the account is placed in the Tenants name.
- I will not have the right to be present at the listed location during the turn on process. The South Bend Municipal Utilities has fully explained, and I understand the potential risks and damage that may result if I am not present when the Utilities turns on my water service. I understand that water could leak from any open faucet, toilet or water pipe located inside or outside the property. By signing this Owner Authorization of Service form, I accept all responsibility for potential damages and agree to hold the City of South Bend harmless for any damage that results from turning on water services because I declined to be present. By putting water services in the name of my tenant, I relinquish the right to be present when services are turned on.
- Due to the nature of the Water and Sewer insurance programs, per the South Bend Municipal Utilities Rules and Regulations, if unpaid for four consecutive months discontinuation of coverage will occur and will not cover damages.
- Unauthorized Usage Fees may be assessed to the Owner if new Tenant Application for Service/Owner Authorization of Service forms are not provided to South Bend Municipal Utilities and usage should occur.

Full Signature of Property Owner: _____

Date: _____

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: