



SOUTH BEND MUNICIPAL UTILITIES

Tenant Application for Service

125. W Colfax, South Bend, IN 46601

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

TO BE COMPLETED IN CONJUNCTION WITH OWNER AUTHORIZATION OF SERVICE FORM

Date: _____ **SERVICE ADDRESS:** _____

TENANT INFORMATION:

Name of Tenant: _____

Primary Phone #: _____ (cell/home)

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: _____ Phone # _____

Emergency Contact: _____ Phone # _____

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.
- 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: _____

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: