

# Battle Ground Utilities

PO Box 303, Battle Ground, IN 47920

Phone 765-567-2603

Water Conservancy District

Wastewater Treatment

Storm Water Utility

Service Start Date \_\_\_\_\_ Today's Date \_\_\_\_\_

Print Legal Name \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ 2<sup>nd</sup> phone \_\_\_\_\_

Email \_\_\_\_\_ How many occupants? \_\_\_\_\_

Do you own property? \_\_\_\_\_ Name(s) on the lease or deed: \_\_\_\_\_

Landlord Name and Phone \_\_\_\_\_

1. I hereby request Utility Services at the above address. The meter furnished by the Conservancy District shall remain the property of the utility, and Conservancy agents shall have access to the meter at all times to read, repair, lock off, seal or remove as required.

2. The required Deposit \$ \_\_\_\_\_ paid by check or cash will be refunded after any final payment when I close my account.

3. I agree to comply with the terms and conditions of the Battle Ground Utility ordinances and resolutions regarding use, service, charges and payments, enacted by both the Water Conservancy District and the Battle Ground Town Council.

4. The fees for three utilities are combined in one billing. Bills are mailed the last week of the month, payable by the 17<sup>th</sup>. Late Payments incur a 10% penalty fee. Accounts 30 days delinquent are subject to shut off.

Total fees for reconnection \$60.00.

5. I agree to pay utility charges by the due date, and to pay administrative, legal and court fees incurred as a result of collection efforts if my account is past due or is terminated for any reason.

6. Credit Card payments are accepted at this site <https://bgutilities.authoritypay.com/>

7. There is a payment drop box at town hall.

8. I verify that neither I nor anyone else living at the above service address owes Battle Ground Utilities for a previous account at any service address.

9. I state the information I presented in this Service Agreement for Battle Ground Utilities is accurate. I have read this agreement and provided a valid photo I.D.

\_\_\_\_\_ Date \_\_\_\_\_

Signature

\_\_\_\_\_ Date \_\_\_\_\_

Signature

Mail Utility Payments: PO Box 303, Battle Ground IN 47920

use payment drop box at 100 College Street for checks only

This section for office use:

Utility Deposit Receipt # \_\_\_\_\_

Meter Reading \_\_\_\_\_ Date \_\_\_\_\_

Amount for Water \$ \_\_\_\_\_

Photo ID type \_\_\_\_\_

Amount for Sewage \$ \_\_\_\_\_

New Account # \_\_\_\_\_

Date received \_\_\_\_\_

Prior Acct this address \_\_\_\_\_

Check # or Cash \_\_\_\_\_

Prior Account past due \_\_\_\_\_

Witness \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_