

# City of Greencastle

City Hall  
One North Locust Street, P.O. Box 288  
Greencastle, Indiana 46135  
Utility Office, 765-653-2638

For assistance with this form call:  
765-653-2638

## UTILITY SERVICE LANDLORD/PROPERTY OWNER APPROVAL TO ESTABLISH SERVICE

Residential and business **landlords/property owners** are required to grant approval for a tenant to establish utility services with the City. If utility bills are unpaid by the tenant, they become the responsibility of the property owner.

**To be completed by the tenant:**

I hereby acknowledge and agree that the property owner shall have access to my account and may receive copies of my utility bills at any time.

Address of Property: \_\_\_\_\_

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

Signature of Tenant: \_\_\_\_\_

**To be completed by the landlord/property owner:**

I hereby affirm that I am the owner of the property at the address indicated above.

By signing this application, I hereby agree to abide by the provisions contained in Chapter 9 of the Greencastle City Code and all other federal, state, and local laws, rules, and procedures with regard to utility service including use and payment. I understand that if payment is not made by the tenant in a timely manner, utility services may be disconnected and unpaid amounts may result in a lien against the property and legal action, including the collection of amounts due, court costs, and attorney fees. I hereby acknowledge and approve of the City of Greencastle creating water, sewer, and/or trash accounts under the name of the above stated Tenant for the property owned by me, as indicated above. I state that the above information is true and correct and that I am authorized to grant permission for the Tenant to establish service.

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord Printed Name: \_\_\_\_\_

Landlord Address (Street, City, State, Zip): \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_ Landlord E-Mail Address: \_\_\_\_\_

**Landlord/property owner must have this document notarized:**

State of Indiana )  
County of Putnam ) SS:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public - Signature: \_\_\_\_\_

Notary Public – Printed: \_\_\_\_\_

Residing in \_\_\_\_\_ County, Indiana

My commission expires: \_\_\_\_\_

**Return completed form with service application to the Utility Office at address above.**

For Office Use: Attach this form to service application.  
City Form 10004 (R1 / 10-2016)