

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 BUSINESS OWNER APPLICATION FOR WATER & SEWER SERVICE

To be completed by the business owner or manager:

Business Name: _____

Business Owner: _____

Business Phone: _____

Business Location Address: _____

Person in Charge: _____

Contact Person: _____

Contact Person – Phone: _____

Contact Person – E-Mail: _____

Business Billing Address – Street or PO Box: _____

Business Billing Address – City/State/Zip: _____

Date Requested to Activate Service: _____

Business Federal ID Number: _____

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 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 state that the above information is true and correct and that I am authorized to establish service.

Signature: _____ Date: _____

Establishment of water and sanitary sewer requires the following minimum deposits:

Water Deposit: \$100.00 Sanitary Sewer Deposit: \$50.00

Special instruction if you are renting a property: Your landlord/property owner is required to grant approval to establish utility services with the City. To establish utility service, tenants must also submit a "Landlord/Property Owner Approval of Establishment of Utility Service" form.

New Construction: The construction of new commercial and industrial businesses may require tap fees to be paid. Contact the Utility Office for additional information and fee schedules.

Return completed form to the Greencastle Utility Office at address above.

For Office Use: Deposit Paid: Check No.: _____ Credit Card: Paid Date: _____

Account Number: _____ Work Order Date: _____