## **APPLICATION FOR UTILITIES**

Town of Santa Claus, 90 N. Holiday Blvd, PO Box 92, Santa Claus, IN 47579 Phone 812-937-2551, Fax 812-937-2630

Account #										
Date of Application:								<u> </u>		
Name of Applicant(s):										
					_Social Security N	umber:				
A picture ID must be shown at time of application					Email Address: _					
Service Address:					<del></del>	Lot #:_				
Mailing Address for L (if different from abov		······································								
Home Phone:	ome Phone:					Cell Phone:				
Work Phone:					(For emergency reasons only)					
I request Utility Service and attorney fees incomplete time frame) from my pure deposits in the amount this is for residential succount, my deposit with property owner, I undependent of the service can be account is in good state.	urred in the a letter verious want of \$200.0 ervice, afte will be refurerstand that provided.	e recovery ifying my c ater or sev 00 for wate r fourteen nded or at t I am req I also und	of any past of credit worthing wer utility that her and \$200.0 months of set the time I vacuured to pay of derstand that	lue balance( ess (no more I was a cust 00 for sewer ervice with th cate the prop deposits in th after I have	s). As a property of than one penality omer with for at lead before service can e Town of Santa Coerty whichever corror amount of \$200.	wner, I under applied to the ast one year, be provided laus, with nones first. As 00 for water or commerci	erstand that ne account in , I will be red d. I also und o penalties a s a renter or and \$200.0	in the event n a 12 month quired to pay derstand that, if applied to my commercial 00 for sewer		
Signature			<u>-</u>	_	Signature					
The following information against are encouraged to do any way. However if the basis of visual obs	applicants so. This ir you choose	seeking to information in no to fur r surname	to participate n will not be un nish it, we are e.	in this progra sed in evalua e required to	am. You are not re ating your application note the race/nation	quired to fur	mish this info riminate aga	ormation, but ainst you in		
APPLICANT:		_	wish to furnis	sh this inform						
Ethnicity:	_Hispanic (	or Latino		-	NOT Hispanic or I	_atino				
Race/National Origin:		Asian Native	an Indiana or A Hawaiian or O · African Ame	ther Pacific			·			
Gender:	Female				Copy of Driver's L	icense: L				
Gerider.	Male									
			C	Office Use O	nly					
Meter Deposit Made:		Υ	es	]	No					
Water:	Amount	\$		Date Paid:			Rec#:			
Wastewater	Amount	\$		Date Paid:			Rec#:			