

APPLICATION FOR SANITARY SEWER SERVICE

Ben Davis Conservancy District

703 South Tibbs Avenue

Indianapolis, IN 46241

Office Phone: 317-241-2941

Billing Dept Phone: 317-241-2787

Fax: 317-247-9891

Form must be completed, signed and submitted to the Ben Davis Conservancy District, along with two forms of I.D. and a copy of the lease.

Section 1. Applicants Information:

START DATE: _____

FULL NAME(S): _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER(S): Home: _____ Work: _____ Cell: _____

Are you the legal DEEDED owner of the property? YES / NO

If NO, then you must complete Section 2. If YES, then sign Section 3 under OWNER.

Section 2. Legal DEEDED Owner of Property Information:

FULL NAME(S): _____

MAILING ADDRESS: _____

PHONE NUMBER(S): Home: _____ Work: _____ Cell: _____

Section 3. Affirmation:

I hereby state that the above information is true & correct.

DATE: _____

Owner of Record

Tenant entered into a rental agreement with the

Owner of Record