



# APPLICATION FOR SANITARY SEWER SERVICE

Office: (317) 241-2941  
Billing Department: (317) 241-2787  
Fax: (317) 241-9891

Ben Davis Conservancy District  
703 S Tibbs Ave  
Indianapolis, IN 46241

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

## 1. Applicant's Information

Start Date \_\_\_\_\_

Full Name (s) \_\_\_\_\_

Property Address \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Phone Number (s) Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Click on [Attach Files](#) to attach photos.

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 'Affirmation'.

## 2. Property Owner's Information

Full Name (s) \_\_\_\_\_

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

\_\_\_\_\_

Phone Number (s) Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

## 3. Affirmation

I hereby state that the above information is true and correct. Date \_\_\_\_\_

Owner of Record

Tenant entered into a rental agreement  
with the owner of record

[Send in Email](#)