

124 S. Main Street, Sharpsville, IN 46068 Town Hall (765)963-2221 Fax (765)963-2961

Email: sharpsville@comcast.net

## **Utilities Individual Customer Contract**

Please include a photocopy of your picture ID (Driver's License)

Please type or print.	
First Name:	Last Name:
Service Address:	
Mailing Address:	
Social Security#:	Telephone#:
l am the property: Owner Tenant _	Other Please explain:
If Tenant or Other: Name of Property Owner:	Telephone#:
Requested Date of Change:	
	to discuss account information with someone additional, Only one additional contact. No driver's license needed.
First Name:	Last Name:
Telephone#:	<del></del>
accordance with its established rates. I Regulations and Standards of Service	sville Utilities for service and agree to pay for such service in also agree to confirm to all Town of Sharpsville Utilities Rules, see and applicable Indiana Law, governing the use of water, now in force or which may hereafter be adopted.
Signature:	Date:
Office Use Only	
Deposit \$50.00	Notes:
Driver's License#:  Copy of Driver's License	
Account Number:	