



Utility Billing & Customer Service
Phone: (812) 591-3500
Fax: (812) 591-3953
E-mail: townofwestport@comcast.net

WATER/SEWER SERVICE APPLICATION

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Applicant/Property Information (Responsible Party):

Service Type: WATER and/or SEWER DEPOSIT AMOUNT: \_\_\_\_\_

Service Address: \_\_\_\_\_

Have you had service previously with Westport Water and/or Sewer? YES or NO (Circle One)

If YES, please provide the service address: \_\_\_\_\_

Date Service to start: \_\_\_\_\_

Are you: Owner/Tenant/Agent (Circle One)

Your Name: \_\_\_\_\_

Driver's Lic. Or ID# \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Driver's Lic. Or ID# \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Emergency Contact outside of household phone # and address: \_\_\_\_\_

Mailing Address & email address: \_\_\_\_\_

Other Occupants (over age 18) \_\_\_\_\_

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PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE (DOCUMENT REQUIRED) HAVE THIS FORM ALONG WITH YOUR DEPOSIT

New owners must provide FINAL loan closing documentation.
Tenants must provide signed and dated rental/lease agreement.

Customer Billing Information:

A. Utility Charges are the legal responsibility of the above party. A customer will remain responsible for any utility charges until Westport Water & Sewer receives final payment and confirms that the account is closed. In the event that a renter defaults on their sewer payment, the home owner is responsible for paying the bill.

B. In addition to legal action against the responsible party, failure to pay such charges when due may result in disconnection of service and/or any past due balance being applied to annual property taxes.

C. Original bills for utility service will be mailed to the responsible party, at the address specified on this form.

D. All new water and/or sewer account is subject to a turn on fee of \$30, a deposit of \$100 to each utility, & home owners are required to have a sewer inspection completed by the company's water/sewer superintendent. The fee for this service is \$20.

All services will be completed up to the following business day.

Customer's Approval:

The undersigned certifies that the above billing contact information is correct, he/she has read and understands paragraphs A, B, C and D under the section captioned "Customer Billing Information."

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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(FOR OFFICE USE ONLY)

Account Number: \_\_\_\_\_

Service Type: Water and/or Sewer

Employees Initials: \_\_\_\_\_

Date Received: \_\_\_\_\_