

# APPLICATION FOR NEW WATER SERVICE

EAST MONROE WATER CORPORATION

3428 S. Knightridge Rd.

Bloomington, IN. 47401

812-335-8499 (Fax) 335-8504

Rev. 03/10

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Present Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Service Address: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Service:  Residential  Commercial Billing Address: \_\_\_\_\_

Date Service Desired to Start: \_\_\_\_\_

### Provide a copy of the following:

Property Deed;  Agreement to Purchase;  Sketch and statement of future plans on reverse;

\$25.00 Approval Fee (non-refundable): Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_

## OPERATIONS INSPECTION & BOARD REVIEW

Main size: \_\_\_\_\_ Location: \_\_\_\_\_ HGL: \_\_\_\_\_ Date: \_\_\_\_\_

Main extension length: \_\_\_\_\_ Size: \_\_\_\_\_ Hydrant:  Install  Relocate

I.D.E.M. Approval required: \_\_\_\_\_ Submitted: \_\_\_\_\_ Approval date \_\_\_\_\_

Service line length \_\_\_\_\_ Evaluation done by \_\_\_\_\_ Date \_\_\_\_\_ Hr. req. \_\_\_\_\_

Scheduled for board review: Date \_\_\_\_\_  Approved  Disapproved

### REMARKS:

### REQUIRED UPON APPROVAL:

1. Recorded right-of-way easement: Date received \_\_\_\_\_

2. Membership form completed: Fee paid \$100.00 Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_

3. Meter Installation: Fee paid \$650.00 Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_

4. By-Laws and rate schedule provided to member: Date \_\_\_\_\_

### OTHER REQUIREMENTS:

5.  Sewell Road Booster Pump: Fee paid \$3500.00 Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_

6.  Operations inspection: \$35. X \_\_\_\_\_ Hr.. Amt. \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_

7.  Other \_\_\_\_\_ Est. Cost \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_

Rock removal: **if rock is encountered** in the installation of your meter service you will be charged at the rate of \$175 per cubic yard.

Make checks payable to: **East Monroe Water Corporation**

Applicant (s) Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

**This application expires 6 months from the date of Board approval.**

Applicant signature for acceptance of line item (5,6,7) \_\_\_\_\_

Date \_\_\_\_\_