

TOWN OF ROANOKE
Application for Utility Services

Applicant Information:

Name: _____
Last First Middle Initial Maiden name

Requested date of Service Connection: _____ **Are you renting?** _____

Address of Services: _____ **Landlord name:** _____

Name and Address of Employer: _____

Driver's License No: _____ **Date of Birth:** _____

Social Security No: _____ **Telephone Number:** (____) _____

Cell Phone Number: (____) _____ **Email Address:** _____

Co-Applicant Information:

Name: _____
Last First Middle Initial Maiden name

Name and Address of Employer: _____

Driver's License No: _____ **Date of Birth:** _____

Social Security No: _____ **Telephone Number:** (____) _____

Billing Name & Address (If different from above)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Note: A valid state or government issued photo ID is required at the time you apply for services. Water utility deposit of \$175.00 must be paid in full at time of the application. Mail to Roanoke Utilities, P.O. Box 328, Roanoke, IN 46783 or deliver to: 141 W. Third St., Roanoke, IN 46783.

Undersigned hereby acknowledges that each is jointly and severally responsible for the utility charges accrued at the above "Service Address" and, in the event that collection of any delinquent charges is necessary, is responsible for the past due amounts, delinquency charges, and all costs of collection including, but not limited to, attorney's fees and court costs. This Application for Utility Services shall constitute a service contract between the Applicant and Roanoke Utilities and the Applicant agrees to comply with all rules and regulations of Roanoke Utilities and the applicable sections of the Indiana Code as the same relates to utility services.

Signature 1: _____ Signature 2: _____

Date: _____ Date: _____

Office Use Only:

Receipt# _____ Date trash bin delivered _____

Acct# _____ Start Read _____