



# TOWN OF BARGERSVILLE

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## POWER & LIGHT – WATER WORKS - SANITATION DEPARTMENT – STORM WATER BUILDER AGREEMENT

### ALL INFORMATION MUST BE COMPLETED

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

**Please print or type the following information:**

**Builder / Developer Name:** \_\_\_\_\_

Service address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Lot #: \_\_\_\_\_ Subdivision: \_\_\_\_\_

### **Please provide the following so we can estimate the utility requirements for your facility:**

*\*Note: Meter deposits will be required for each meter installed*

Description of electrical needs:

Size of building: \_\_\_\_\_ sq. ft.

Type of heat: \_\_\_ Electric \_\_\_ Gas

Size of air conditioning: \_\_\_\_\_ tons

Water Heater: \_\_\_ Electric \_\_\_ Gas \_\_\_\_\_ Gal.

**Life Support Equipment: YES or NO** **Other equipment with high electrical loads** \_\_\_\_\_

Description of Water needs:

Private Fire Hydrant(s) Quantity: \_\_\_\_\_

Irrigation System(s) Quantity: \_\_\_\_\_ **Meter Size:** \_\_\_\_\_

Indoor Sprinkler System(s) Size: \_\_\_\_\_

Water Connection(s) Quantity: \_\_\_\_\_ **Meter Size:** \_\_\_\_\_

#### **Company Information**

Attention: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Tax ID/SSN #: \_\_\_\_\_

#### **Billing Address**

Attention: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

- We assume all financial responsibility for any utility usage at this address until the time of the transfer.
- We assume all responsibility for ensuring the new owner transfers this service into their name.

By signing below, I verify that the above information is correct to the best of my knowledge and agree that, if I am a customer of Greenwood Sanitation, this application and/or information contained herein may be shared with the City of Greenwood.

\_\_\_\_\_  
Print Name of Company Representative(s)

\_\_\_\_\_  
Signature of Company Representative(s)

\_\_\_\_\_  
Date

#### **OFFICE USE ONLY DEVELOPMENT**

Parcel # \_\_\_\_\_

Project # \_\_\_\_\_ Lot # \_\_\_\_\_

Amount: \_\_\_\_\_ Receipt # \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Electric  Water  Sewer  Storm Water

#### **OFFICE USE ONLY UTILITY BILLING**

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

Meter Deposit: **WTR \$100.00** **IRR \$100.00** **ELE - VARIABLE**

Amount: \_\_\_\_\_ Receipt # \_\_\_\_\_

Service Order # \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Protection Surcharge