

New Customer Information:

Tenant Name: (Print)

I

Batesville Water & Gas

Utility Service Automatic Transfer Agreement

Spouse/Roommate Name:

| | Phone #: | Home: | | Work: | Cell: | |
|--|---|------------|----------------------------|-------------------------|---|-----------|
| | S.S. # | | | Driver's License #: | | |
| | Service Address: | | | City: | State: | Zip Code: |
| | Mailing Address: | | | City: | State: | Zip Code: |
| | Landlord Name: | | | Phone #: | | |
| | Previous Address: | | | City: | State: | Zip Code: |
| | Are you presently emple | oyed? | Yes No | | | |
| | If yes, Where? | - | | (T. 1. N | 1 4 11 | |
| | | | | (Employer Name and | | |
| | • | | n Batesville Water & Gas U | • | Yes: | No: |
| | If ye | es, where? | | City: | State: | Zip Code: |
| | Date Moving In? | | | | | |
| | Water Meter Deposit: \$100.00 Gas Meter Deposit: \$100.00 | | Send payments to: | Phone: Mailing Address: | 812-934-3811 P.O. Box 97 Batesville, IN 4 | |
| Please Note: Meter Deposits must be paid within 10 Business Days This application for service is subject to review and acceptance by the Batesville Water & Gas Utility. Please note that is this application is not completed in full and signed, it will NOT be accepted. Also, Batesville Water & Gas Utility MUST receive this application at least one (1) business day before the indicated effective date. If this application is NOT APPROVED, service will continue in the current account name, unless the responsible party advises us to disconnect the service. Also, METER DEPOSITS MUST be PAID as outlined above. | | | | | | |
| I hereby assume responsibility for Water Service and/or Gas Service and agree to pay the required meter deposit(s). This agreement will continue I force until canceled by verbal or written request. | | | | | | |
| | Customer Signature | : | | | Date: | |