



BARGERSVILLE UTILITIES

P.O. Box 420

Office: 317-422-5115

Bargersville, IN 46106

Fax: 317-422-5117 or -3743

www.townofbargersville.org

APPLICATION FOR COMMERCIAL SERVICE
ALL INFORMATION MUST BE COMPLETED

Date: _____

Please type or print:

Business Name: _____

dba Name: _____

Business Address: _____

Business Phone #: _____ Business Fax #: _____

Service Address: _____

Date of Incorporation: _____ S.S. # / Tax ID #: _____

President's Name: _____

President's Address: _____

President's Phone #: _____

Possession Date: _____

Name of Landlord/Mortgage Company: _____

Address: _____

Phone #: _____

PLEASE CHECK TYPE OF HEATING:

Electric

Gas

Other

IF BILL IS TO BE MAILED TO ANOTHER ADDRESS, LIST BELOW:

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:

Signature _____ Date _____

Signature _____ Date _____

Note: Information on your Rights and Responsibilities are available online at http://www.townofbargersville.org/Utility_Forms.htm and clicking on the Rights and Responsibilities pamphlet link, and/or upon request.

OFFICE USE ONLY

Account Number: _____

Deposit Rec. Number: _____

Check Number: _____ Amount: _____

Electric

Water

Received by: _____

Cash:

Rights/Responsibilities Ordinance ACH Form

Water Info Pamphlet Date _____

Check Valve Lead Letter Call Before Dig

Completed by _____