



BARGERSVILLE UTILITIES

P.O. Box 420

Office: 317-422-5115

Bargersville, IN 46106

Fax: 317-422-5117 or -3743

www.townofbargersville.org

FINAL ACCOUNT FORM

ALL INFORMATION MUST BE COMPLETED

Date: _____

Please type or print:

Account #: _____

Date to Final: _____

Name(s) On Account: _____

New Service Address: _____

(If PO Box, give street address as well) _____

New Home Phone: _____ Work Phone: _____

Employer: _____

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:

Customer Signature

Date

Customer Signature

Date

If information taken by telephone:

Name of person giving information

Date

Time

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

Information taken by: _____