



# TOWN OF BARGERSVILLE

PO Box 420 – Bargersville, IN 46106

Phone: (317) 422-5115 – Fax (317) 422-5117

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POWER & LIGHT – WATER WORKS - SANITATION DEPARTMENT – STORM WATER

## LANDLORD/OWNER VERIFICATION

Please print or type the following information:

### Landlord/Owner Information

Select One:

Landlord/Owner

Realty Co./or Property Mgmt. Group

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

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

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

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

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Business Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Business Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Co –Owner Name: \_\_\_\_\_

Co –Owner SSN #: \_\_\_\_\_

Landlord/Owner Mailing Address: *(if different than above)*

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

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

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Property Receiving Utility Service

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

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

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parcel Tax ID #: \_\_\_\_\_

### Property Receiving Utility Service

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

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

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parcel Tax ID #: \_\_\_\_\_

### Property Receiving Utility Service

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

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

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parcel Tax ID #: \_\_\_\_\_

**Municipal Code Title V, Ch. 50, Sec. 50.22** makes the Landlord/Owner responsible for their tenants' utility bills. The Landlord/Owner may elect to have the utility bills sent to their tenants and may assign primary payment responsibilities to their tenants. However, the Landlord/Property Owner is ultimately responsible for any and all unpaid utility charges if a tenant fails to pay.

### Instructions for Monthly Utility Billing

Select **ONE** option below

Always bill Landlord/Owner

Always bill Tenant when Occupied

Send E –Bill Copy of Tenant Bill to Landlord/Owner

### Instructions for Utilities During Vacancy

Select **ONE** option below

Always LEAVE ON the Utilities

Always TURN OFF the Utilities

LEAVE ON Electric only

LEAVE ON Water only

\*If Landlord/Owner requests any services to be left on, the Landlord/Owner agrees to be charged all fees including usage until the property is sold or the vacancy is filled.

\*It is the Landlord/Owners responsibility, upon selling the property or filling the vacancy, to notify the Utility and request service(s) be transferred to the new owner or tenant if the Landlord/Owner desires.

### Property Receiving Utility Service

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

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

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parcel Tax ID #: \_\_\_\_\_

### Property Receiving Utility Service

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

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

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parcel Tax ID #: \_\_\_\_\_

### Property Receiving Utility Service

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

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

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parcel Tax ID #: \_\_\_\_\_

**Attach additional sheets if necessary.**

I understand that my electronic signature below constitutes a legal signature confirming my acknowledgment and agreement to be ultimately responsible for all Utilities as Landlord/Owner of all properties I own as referenced in the Town of Bargersville Municipal Code Title V, Ch. 50, Sec. 50.22.

\_\_\_\_\_  
Landlord/Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord/Owner Signature

\_\_\_\_\_  
Date

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

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