



TOWN OF BARGERSVILLE
 P.O. Box 420 • Bargersville, IN 46106
 Phone: 317-422-5115 • FAX: 317-422-1134
www.townofbargersville.org

POWER & LIGHT • WATER WORKS • SANITATION DEPARTMENT • STORM WATER

Account Disclosure Information Authorization Form

ALL INFORMATION MUST BE COMPLETED

Date: _____

Please print or type the following information:

Applicant Name: _____

Home/Cell Phone: _____

Co-Applicant Name: _____

Home/Cell Phone: _____

New Service Address: _____

City: _____ **State:** _____ **Zip:** _____

Previous Utility: Bargersville Utilities

Utility Address: 24 N Main Street P.O. Box 420

City: Bargersville State: IN Zip: 46106

Phone: 317-422-5115 Fax: 317-422-1134

Previous Service Information for Applicant(s)

Account number: _____

Previous Service Address: _____

City: _____ State: _____ Zip: _____

By signing the statement below, I the above-named applicant, authorize the release of information requested below.

 Applicant Signature Date

 Co-Applicant Signature Date

If information is taken by phone

Name of person giving the information: _____ Date: _____ Time: _____

OFFICE USE ONLY

TO BE COMPLETED BY REPORTING UTILITY

Length of Service: From _____ To _____

Final Bill Paid: Yes No Not billed yet

Numbers of payments received after due date in a twelve (12) month period: _____

Was service disconnected for non-payment in the last two (2) years: Yes No

Completed by: _____

Date: _____

Title: _____

Phone #: _____