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

Final Account Form

ALL INFORMATION MUST BE COMPLETED

Date:_____

Please print or type the following information:

Account #:_____

Date to Final:_____

Name(s) On Account:_____

Address to be finalized:_____

City:_____ State: _____ Zip:_____

Forwarding Address:_____

City:_____ State: _____ Zip:_____

New Home/Cell Phone:_____ Work Phone:_____

Applicants Employer:_____

Address:_____

City:_____ State: _____ Zip:_____

Co-Applicants Employer:_____

Address:_____

City:_____ State: _____ Zip:_____

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:

_____ _____

Applicant Signature Date Co-Applicant Signature Date

If information is taken by phone

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

OFFICE USE ONLY:

Information taken by:_____
(Bargersville Representative signature)

Date:_____

(Rev 6/2010 kb)