



**TOWN OF BARGERSVILLE**  
 P.O. Box 420 • Bargersville, IN 46106  
 Phone: 317-422-5115 • FAX: 317-422-1134  
[www.townofbargersville.org](http://www.townofbargersville.org)

Form can be emailed to [support@townofbargersville.org](mailto:support@townofbargersville.org)  
**POWER & LIGHT • WATER WORKS • SANITATION DEPARTMENT • STORM WATER**

**APPLICATION FOR RESIDENTIAL SERVICE**  
**ALL INFORMATION MUST BE COMPLETED**

Date: \_\_\_\_\_

**Please print or type the following information:**

**Applicant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
 \_\_\_\_\_ **S.S. #:** \_\_\_\_\_  
**Home/Cell Phone:** \_\_\_\_\_ **Drivers Lic. #:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
 \_\_\_\_\_ **S.S. #:** \_\_\_\_\_  
**Home/Cell Phone:** \_\_\_\_\_ **Drivers Lic. #:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Number of occupants living in the household: \_\_\_\_\_  
 Have you ever had service with Bargersville Utilities? Yes  No   
 If yes, what was the previous address? \_\_\_\_\_

**New Service Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Subdivision:** \_\_\_\_\_ **Lot #:** \_\_\_\_\_  
**Possession Date:** \_\_\_\_\_

**Check one of the following:**  
 Mortgage  Contract  Rent  Other  \_\_\_\_\_  
 Name of Landlord/Mortgage Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name of Relative Not Living with You: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**If Utility Bill is to be mailed to another address, please provide below:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PLEASE CHECK TYPE OF HEATING:  
 Electric  Gas  Other

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

**OFFICE USE ONLY**

Account Number: \_\_\_\_\_  
 Received by: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Date \_\_\_\_\_

Deposit Rec. Number: \_\_\_\_\_  
 Cash:  Check  Check number: \_\_\_\_\_  
 Work Order: \_\_\_\_\_  
 Electric  Water  Sewer  Storm W