



TOWN OF BROOKVILLE

APPLICATION FOR UTILITY SERVICES AGREEMENT

(Please Print)

PHOTO ID REQUIRED FOR PRIMARY BILLING NAME

Submit your completed Application for Utility Services Agreement to:
Brookville Utility Office, 1020 Franklin Ave., Brookville, IN 47012
Phone: 765-647-5681
Email: utilityoffice@brookvilleindiana.org

Today's Date _____ Date of Service Connection _____

Service Address _____
Street Address City State Zip Code

Mailing Address _____
Street Address City State Zip Code

Name _____ Phone# _____

Last 4 digits of SSN _____ Email _____
(In order to prevent and mitigate ID theft and in compliance with the Fact Act of 2003 it is essential that every written communication, including emails, received by the Brookville Water Works Utility Billing Office contains the last 4 digits of the account holders social security number or the tax identification number. In the event that a staff member within the Utilities Billing Office needs to call to obtain additional information, such as full SSN to validate identity, you must provide a daytime telephone number.)

Spouse/Add'l Contact Person _____ Phone# _____

Renting _____ Property Owner _____

Property Owners Name _____ Phone _____

Water Deposit - \$100.00

I hereby assume responsibility for utility service in accordance with its established rates that are now in force or which may hereafter be adopted and agree to pay required security deposit. This agreement will continue in force until canceled by oral or written request.

Applicant Signature _____ Date _____