



## Owner Application for Service

South Bend Municipal Utilities

125 W. Colfax Ave, South Bend IN 46601

Phone: 574-233-0311 Email: [311@southbendin.gov](mailto:311@southbendin.gov)

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Date: \_\_\_\_\_ Service Address: \_\_\_\_\_

Name of Property Owner:

\_\_\_\_\_

Primary Phone Number:

\_\_\_\_\_

If property is in the name of a business, name of legal agent of the business:

\_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Federal Tax ID (if a business): \_\_\_\_\_

Type of ID (circle one):    Driver's License    State ID    Passport

Identification Number: \_\_\_\_\_

Date of birth: (MM/DD/YYYY): \_\_\_\_\_

Date to start service: \_\_\_\_\_ (circle one:    AM    PM    )

Mailing address (if different from service address):

\_\_\_\_\_

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

Are you new to the City of South Bend?    Yes        No   

Continue on Back

Do you currently have other water accounts with the City of South Bend?

Yes  No

If you have another water account, what is the address for the account?

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

Are you planning to leave this service on, or do we need to schedule termination?

Yes, leave on  No, schedule termination  Date for termination: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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Office use only: Account #: \_\_\_\_\_ Inside: \_\_\_\_\_ Outside: \_\_\_\_\_ Clay: \_\_\_\_\_ Cycle/Route: \_\_\_\_\_

Type of Service: \_\_\_\_\_ Sewer \_\_\_\_\_ Water \_\_\_\_\_ Irrigation \_\_\_\_\_ Storm Water

Deposit: \$ \_\_\_\_\_ Meter Size: \_\_\_\_\_ Water: \_\_\_\_\_ Irrigation Service Initiation Fee: \$ \_\_\_\_\_ Name of liaison: \_\_\_\_\_