



Owner Application for Service

South Bend Municipal Utilities

125 W. Colfax Ave, South Bend IN 46601

Phone: 574-233-0311 Email: 311@southbendin.gov

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:** _____

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: _____