



Tenant Application for Service

South Bend Municipal Utilities

125 W. Colfax Ave, South Bend IN 46601

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

TO BE COMPLETED IN CONJUNCTION WITH OWNER AUTHORIZATION OF SERVICE FORM

Date: _____ Service Address: _____

TENANT INFORMATION

Name of Tenant: _____

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 ☐

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

Yes ☐ No ☐

Continue on Back

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: _____

OWNER INFORMATION

Name of Property Owner:

Mailing Address of Owner:

Phone Number:

By signing this form, I acknowledge as the tenant, the following:

- My service will not be started until both the Owner Authorization of Service and Tenant Application for Service forms, along with the paid deposit (if applicable) have been received by the South Bend Municipal Utilities.
- I must inform South Bend Municipal Utilities of termination date, upon vacating the property.
- I must inform South Bend Municipal Utilities of any updated contact information.
- I am responsible for any service charges and miscellaneous charges while residing at this property.
- If there is an interruption of water services for any reason, the South Bend Municipal Utilities has fully explained, and I understand the potential risks and damages that may result from any open faucet, toilet or leaking water pipe located inside or outside the property. I am therefore encouraged to have someone over the age of 18 present when water service is restored.

Full signature of applicant: _____ 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: _____