



Residential Utility

CONTRACT

Please mail this form to the Town of Bunker Hill Utilities, PO Box 565, Bunker Hill, IN 46914 or Fax (765) 689-0822.

Please include a copy of your photo ID and Social Security Card.

Resident Information

Last Name: _____ First name: _____ Middle: _____

Service Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Social Security Number: _____

Driver's License Number: _____

Date of Birth: _____ Marital Status: _____

Employment Status: _____

Employer: _____

Employer Address: _____

Employer Telephone: _____

Spouse/Co-Applicant Information

Last Name: _____ First name: _____ Middle: _____

Social Security Number: _____

Driver's License Number: _____

Date of Birth: _____ Marital Status: _____

Employment Status: _____

Employer: _____

Employer Address: _____

Employer Telephone: _____

Town of Bunker Hill Utilities

101 W Broadway

Bunker Hill, IN 46914

📞 765-614-9043

✉ bhutilityclerk@gmail.com

🌐 www.townofbunkerhillin.com



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Are you renting your home? Yes _____ No _____

Are you purchasing your home? Yes _____ No _____

Owners Information

(If renting or purchasing on land contract.)

Last Name: _____ First name: _____ Middle: _____

Company Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Information

In case of a leak if we are unable to reach you/landlord, we will contact your Emergency Contact.

Last Name: _____ First name: _____ Middle: _____

Mailing Address: _____

Office Phone: _____ Cell Phone: _____

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I hereby contract with the Town of Bunker Hill for services and agree by My/Our signatures below, I/We accept full responsibility for payment of those services. I also agree to conform to all rules, regulations and standards of services and applicable Indiana law, governing the use of water, wastewater, and sanitation now in forced or which may hereafter be adopted. Should My/Our account become delinquent, I/We agree to also pay cost of collection agency fees, court costs, and attorney fees.

Resident Name

Date _____

Spouse/Co-Applicant Name

Date _____

Resident Signature

Spouse/Co-Applicant Signature

The deposit amount is \$87.50 for water and \$87.50 for Sewage.
Please make one check for the amount of \$175 payable to **Bunker Hill Utilities**.
Deposit must be paid before services can be transferred.

Amount Paid _____ **Date** _____ **Check Number** _____

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Utility Service REQUEST



I _____ request that my water be turned on at the
(Name)

address _____ by the Bunker Hill Utility
(Address)

Department at _____ am/pm on _____.
(Time) (Date)

I understand that the Utility has a one hour window during regular working hours to turn the water on and that one adult person must be present at the premises when the water is turned on to assure that all outlets on the premises are closed in order to prevent any water damage. These hours are to be between 8:30am and 3:30pm on the Town of Bunker Hill's normal work days.

If no adult is able to be present at the premises, I will release all responsibility for any water damage due to open outlets or leaks on the above premises.

Residents Name: _____ **Date:** _____

Residents Phone Number: _____

Resident Signature

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