

Saint Paul Municipal Utilities

106 N. Webster Street
Post Office Box 235
Saint Paul, Indiana 47272
765-525-7631

Email: stpaulclerktreas@tds.net

Water and Sewer Application

Please mail, e-mail, or bring this form to Saint Paul Municipal Utilities Office.
Please include a photocopy of your picture ID (driver's license, student ID)

Please print full legal name.

State Date of Service: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Business Name (if applicable): _____

Service Address: _____

Mailing Address: _____

Home Phone # _____ Work Phone # _____ Cell # _____

E-Mail Address: _____

I am the Property Owner Tenant (Renter) Other (explain) _____

Name of Property Owner: _____ Owner's Phone # _____

In the event of an emergency concerning your water and/or wastewater services, please provide us with the following emergency contact information.

Name: _____ Telephone # _____

I hereby contract with Saint Paul Municipal Utilities for service and agree to pay for the same in accordance with its established schedule of rates at the time service is rendered and comply with the rules and regulations of the Company governing such service, and I agree to pay the minimum monthly charges irrespective of whether water or sewer was used.

Signature: _____

Date: _____

OFFICE USE ONLY

Starting Date of Service: _____ Deposit Paid: _____ Receipt# _____

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Account Number: _____