

**TOWN OF CORYDON  
WATER & SEWER APPLICATION**

Name of Responsible Party \_\_\_\_\_

Driver's License # or Federal ID # \_\_\_\_\_

New Service Address \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Billing Contact (if different than above) \_\_\_\_\_

Emergency Contact Name/Number \_\_\_\_\_

Select One: \_\_\_\_\_ Renting \_\_\_\_\_ Mortgage \_\_\_\_\_ Own  
\_\_\_\_\_ Buying on Contract

Deposit Amount \_\_\_\_\_ Make check payable to Town of Corydon

Date of Service to Begin \_\_\_\_\_

If Renting provide: Landlord's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

The Town of Corydon allows your bill to be paid by cash, check, credit card, or money order. Please include billing stub for correct payment posting. A mailbox slot is located near the front door for after hour payments. Bills are ALWAYS due on the **20<sup>th</sup>** of each month. If payment is not received a cut off notice automatically is mailed to you allowing a 10 day grace period plus a penalty amount. **IF PAYMENT IS NOT RECEIVED BEFORE THE CUT OFF DATE OF YOUR NOTICE THE WATER METER WILL BE DISCONNECTED. A \$35.00 fee will be charged to reinstate service plus the past due amount. Address: Town of Corydon 113 N. Oak St. Corydon, IN 47112.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_