

**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 20th 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 _____