

Brown County Water Utility, Inc.



5130 N State Road 135 Morgantown, IN 46160

www.BrownCountyWater.com

Phone: 812 988-6611 / Fax: 812 988-9351

Office & Drive-up Hours: Mon – Fri 8:30 AM – 4:30 PM

Night Depository available for after hour payments

Business Membership Application/Agreement

The undersigned hereby applies for membership in the "BCWU" Brown County Water Utility, Inc., an Indiana non-profit corporation, membership owned and organized to operate a rural water system in this area. The applicant "Member" agrees, if requested to do so, at no cost to BCWU, grant an easement across the "Member's" property for a water main from BCWU. During construction, BCWU or its contractors will repair damages at no expense to the applicant "Member", except any re-seeding.

Account # _____ - _____ - _____

PLEASE PRINT AND COMPLETE ALL **REQUIRED*** INFORMATION APPLICABLE

It is our policy to never share, rent or sell customer information

*Business Name: _____

*Fed Tax ID#: _____ - _____ Tax-Exempt (ST-109) TID #: _____

*Owner / Responsible Person: _____

SS#: _____ - _____ - _____ D/O/B _____ - _____ - _____ DL# _____ - _____ - _____

*Home #: (_____) _____ *Cell # (_____) _____ *Business # (_____) _____

*911 or Service Address (METER LOCATION) _____

*City _____ *State _____ *Zip _____

Nearest crossroad _____ County _____ Township _____

Subdivision Name _____

*Business/Responsible Person Name: _____

*Mailing Address (if different than service address) _____

*City _____ *State _____ *Zip _____

E-mail Address: _____

Pool: YES ___ NO ___ Pool size: _____

Automatic Lawn Sprinkler System: YES ___ NO ___ Hot Tub: YES ___ NO ___

Check all that apply:

*Purpose for water use: Apartment: ___ Construction: ___ Retail: ___ Bulk Sale: ___ Business: ___

*Present source of water: Well: ___ Pond: ___ Cistern: ___ Purchased: ___ Hydrant: ___

Select Emergency Contact Preference: Home Phone: ___ Cell Phone: ___ Email: ___ Business Phone: ___

In Witness thereof, I here unto execute this agreement this _____ day of _____, 20_____

*SIGNATURE: _____

Owner / Responsible Person Signature

*SIGNATURE: _____

Owner / Responsible Person Signature

Acceptance

The above named Applicant who receives the approval of the Board of Directors may be admitted to membership upon subscribing for a membership certificate will hereby be accepted for Membership in the Brown County Water Utility, Inc. Receipt is hereby acknowledged of the payment of said Applicant for One-Hundred Dollars (\$100.00) Non-refundable Membership Fee and/or determined Meter Tap Connection Fee, when applicable.