

# **TOWN OF TRAFALGAR**

## **WATER & SEWER UTILITY**

### **APPLICATION FOR COMMERCIAL SERVICE**

All information must be completed

Date: \_\_\_\_\_ Date of Possession: \_\_\_\_\_

Business Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_ Business Email: \_\_\_\_\_

Have you ever had service in Trafalgar before? \_\_\_\_\_

If yes, list address: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address (if different from service address) : \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ SS#/ TAX ID#: \_\_\_\_\_

Presidents Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Landlord/ Mortgage Co: \_\_\_\_\_

Address of Landlord/ Mortgage Co: \_\_\_\_\_

Phone # of Landlord: \_\_\_\_\_

***By signing below, I verify that the above information is correct to the best of my knowledge and agree that, if I am a customer of the Town of Trafalgar Utility, this application and/or information contained herein may be shared with the Town of Trafalgar.***

Applicant: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Town of Trafalgar Representative: \_\_\_\_\_ Customer Account # \_\_\_\_\_

DEPOSIT: Water \$50.00: \_\_\_\_\_ Date paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

DEPOSIT: Sewer \$50.00: \_\_\_\_\_ Date paid: \_\_\_\_\_

Town of Trafalgar - 2770 W. State Road 252 - PO Box 57 - Trafalgar, IN 46181  
Phone# 317-878-4592 Fax# 317-878-4402 Website: [www.townoftrafalgar.org](http://www.townoftrafalgar.org)

Return Email: [utilitybilling@townoftrafalgar.in.gov](mailto:utilitybilling@townoftrafalgar.in.gov)