

TOWN OF ANDREWS

66 N. Main Street
P.O. Box 386

Andrews, IN 46702
260-786-3848

Account # _____ Deposit Paid: _____ Receipt # _____ Date _____

Name: _____

Valid State ID: _____ Social Security # _____

Service Address: _____

Previous Address: _____

Telephone Number: _____

Homeowner: _____ Renter: _____ Landlord's Name: _____

- **If you are renting or buying on land contract, a \$150.00 meter deposit is required to activate service.** A copy of the lease agreement or contract shall be provided for verification.
- **If you are buying or own the property, a \$100.00 meter deposit is required to activate service.** A closing statement or deed shall be provided for verification.
- All Utility bills are mailed by the 1st of each month. If you do not receive your bill within a few days, please call the office to check on your bill. **You are still responsible for making your payment before the due date.**
- All utility bill payments are due by the 15th of each month as stated on your bill. **Payment must be received by the due date to avoid a late penalty.** The detachable bill must accompany your payment. For your convenience, a Drop Box is located on the North side of the Municipal Building next to the drive-up window.
- Your service may be disconnected for any utility bill not paid in full by the 25th of each month. **Your service will not be restored until the past due amount, plus a \$50.00 reconnection fee, is paid in full.**
- **A \$10.00 trash charge is added to your utility bill each month.** Pick-up is on Friday beginning at approximately 5:00 AM, so please set it out the night before. Totes are to remain at the service address upon termination of service. Should Friday be a holiday, trash will be picked up the day before, on Thursday. The burning of trash is not allowed in Andrews.
- **By ordinance,** there are a maximum number of 4 domestic pets per household. Dogs shall be current on vaccinations, proof of such maintained, and they shall not roam free at-large outside of your property.

I have read and understand my responsibility as stated above.

SIGNATURE: _____ DATE: _____