

TOWN OF ALBION
P.O. Box 27
Albion, IN 46701
Telephone: (260) 636-2246
Fax: (260) 636-2821

SEWER & WATER ACCOUNT INFORMATION

Account Address: _____

Owner Information:
Name: _____
Billing Address of Landowner:

Tenant Information:
Name: _____
Mailing Address of Tenant:

Telephone: _____
SS# or Federal ID# _____

Telephone: _____
SS# or Federal ID# _____

The deposit is One Hundred Dollars (\$100.00) per unit unless the billing is directed to Landowner, then Landowner shall be responsible for only one (1) deposit of One Hundred Dollars (\$100.00) regardless of the number of properties or units served. Landowner understands if Tenant is billed for the water and/or sewer service, then Landowner remains responsible for any unpaid services or fees.

Landowner requests the billing for water and sewer service be sent to _____ (Insert Landowner or Tenant). As Landowner, I understand I am liable for all utility bills related to the real estate.

Dated: _____, 2007

Landowner