e District #7342

Fall Creek Regional Waste District 9378 S 650 W, P.O. Box 59, Pendleton, IN 46064 765-778-7544

Agreement for Sanitary Sewer Service

This Agreement made and entered into this 15 day of Regional Waste District ("District") andArbor Homes	between Fall Creek
provision of sanitary sewer service, and the assignment of capa	city in and connection to, the District's
facilities for the premises located atMaplewood @ Huntzing	
Street Address: 1945 Cold Springs DR, Pend	
Now therefore, the parties, in consideration of the mutual receipt and sufficiency of which is hereby acknowledged, agree	promises set out in this Agreement, the e as follows:
 The Applicant agrees that all workmanship and materia and the District's construction standards. District must before backfilling and final connection is made to the s provision will cause all lines and appurtenances in viola Applicant's expense. 	accept and approve all work and materials ewer mains. Any violation of this
The District shall have the right to enter upon the Appl inspect, repair, or replace any equipment used in conne has an impact on said service.	icant's premises at all reasonable times to ction with the District's service or which
 The Applicant shall be responsible for all monthly user failure to pay any rate charge or fee may result in a lien termination of service to the property, the cost of which 	against the property and/or the will be borne by Applicant, including.
but not limited to, all attorney's fees and collection cos 4. The District shall not be responsible for any damages a	s a result of any failure to supply service
unless said damages are due to default, neglect or culpa 5. If there is an available sanitary sewer within three hund	bility on the part of the District. lred (300) feet of the property line, the
property owner shall be required to connect to the Distr 6. The Applicant and District agree that the provision of s	rict's sanitary sewer system.
concerns the property and the terms of this Agreement	bind the District and Applicant and their
heirs, executors, administrators, personal representative designees, and transferees.	es, successors, agents, attorneys, assigns,
The parties hereto have read and fully understand the above provisions.	e provisions and agree to comply with said
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Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Signature Printed No Re **********************************	signature



