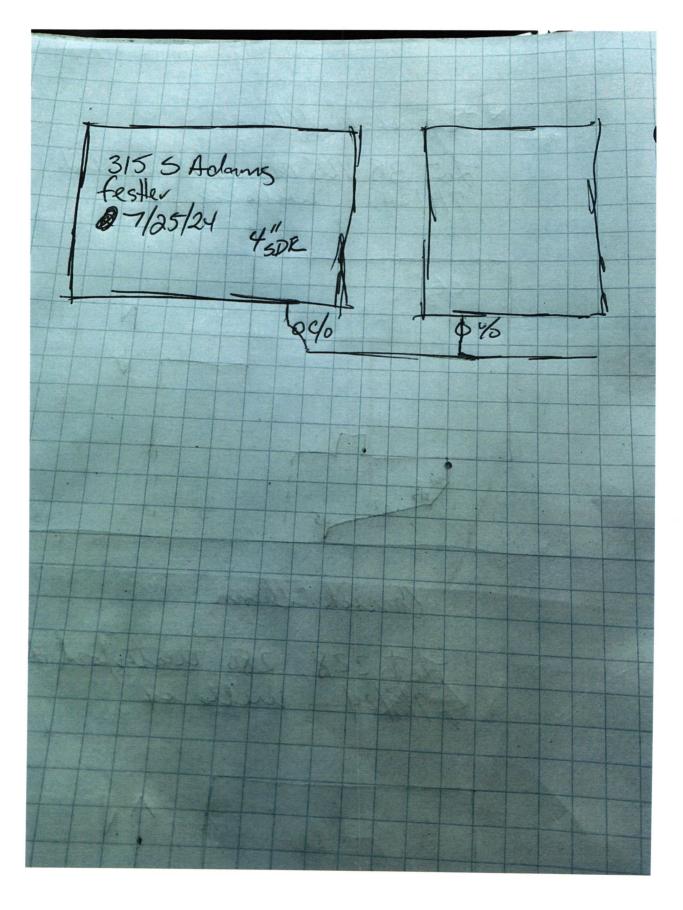
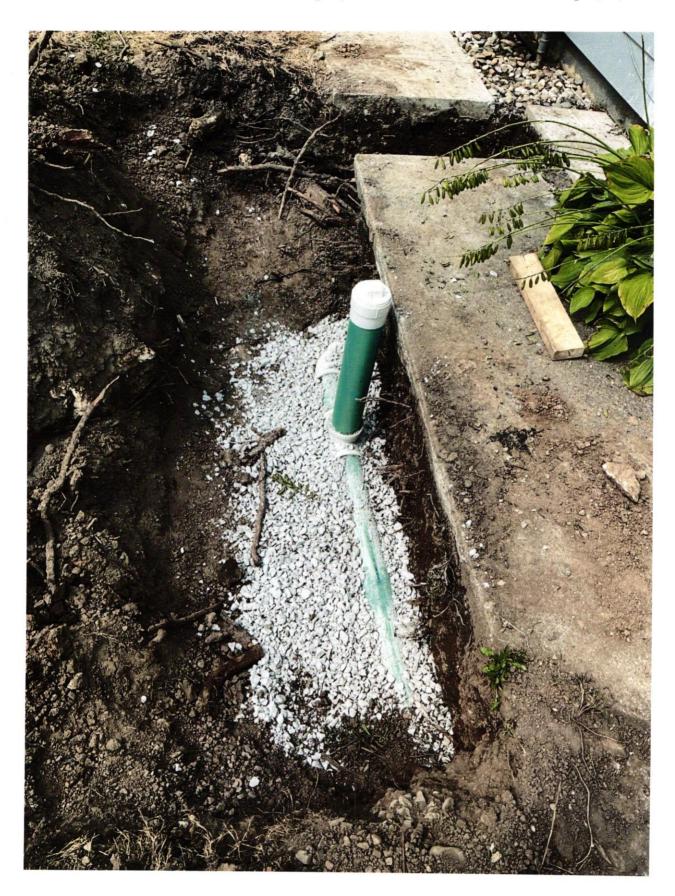
#8592

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

Agreement for Sanitary Sewer Service

Regional Waste District ("District") and Work	day of Wy, 2004, between Fall Creek ("Applicant") regarding the nment of capacity in and connection to, the District's
facilities for the premises located at	•
Street Address: 315 S Adam	s-Garage Apartment, Pendleton
Now therefore, the parties, in consideration receipt and sufficiency of which is hereby acknown	of the mutual promises set out in this Agreement, the wledged, agree as follows:
and the District's construction standards. before backfilling and final connection is	ip and materials shall conform to all District ordinances District must accept and approve all work and materials made to the sewer mains. Any violation of this nances in violation to be removed and replaced at the
2. The District shall have the right to enter	upon the Applicant's premises at all reasonable times to used in connection with the District's service or which
3. The Applicant shall be responsible for all failure to pay any rate charge or fee may termination of service to the property, the	monthly user rates, capacity charges, and tap fees. The result in a lien against the property and/or the cost of which will be borne by Applicant, including,
	collection costs. In damages as a result of any failure to supply service eglect or culpability on the part of the District.
If there is an available sanitary sewer wit property owner shall be required to conne	hin three hundred (300) feet of the property line, the ect to the District's sanitary sewer system.
concerns the property and the terms of th	provision of sanitary sewer service touches and is Agreement bind the District and Applicant and their representatives, successors, agents, attorneys, assigns,
The parties hereto have read and fully unders provisions.	stand the above provisions and agree to comply with said
FALL CREEK REGIONAL WASTE DISTRICT	APPLICANT C
Signature	Signature
STATE OF INDIANA)	
) SS:	
) SS: COUNTY OF MADISON)	
,	day of, 20
COUNTY OF MADISON)	day of
COUNTY OF MADISON) SUBSCRIBED and sworn to before me this	Signature Printed
COUNTY OF MADISON) SUBSCRIBED and sworn to before me this My Commission Expires:	Signature Printed Notary Public
SUBSCRIBED and sworn to before me this My Commission Expires: ***********************************	Printed Notary Public Resident of County ************************************
SUBSCRIBED and sworn to before me this My Commission Expires: ***********************************	Printed Notary Public Resident of County ************************************
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SUBSCRIBED and sworn to before me this My Commission Expires: ***********************************	Signature Printed Notary Public Resident of County ***********************************







Star Financial Bank

21840

8575 S State Rd 9 Pendleton, IN 46064 (765)778-8471

7-26-24

PAY TO THE FCRUD

\$ 3,4000

three thousand four hundred dollars to -

_ DOLLARS

MEMO Clem Sewar 315 5 Adams

AUTHORIZED SIGNATURE