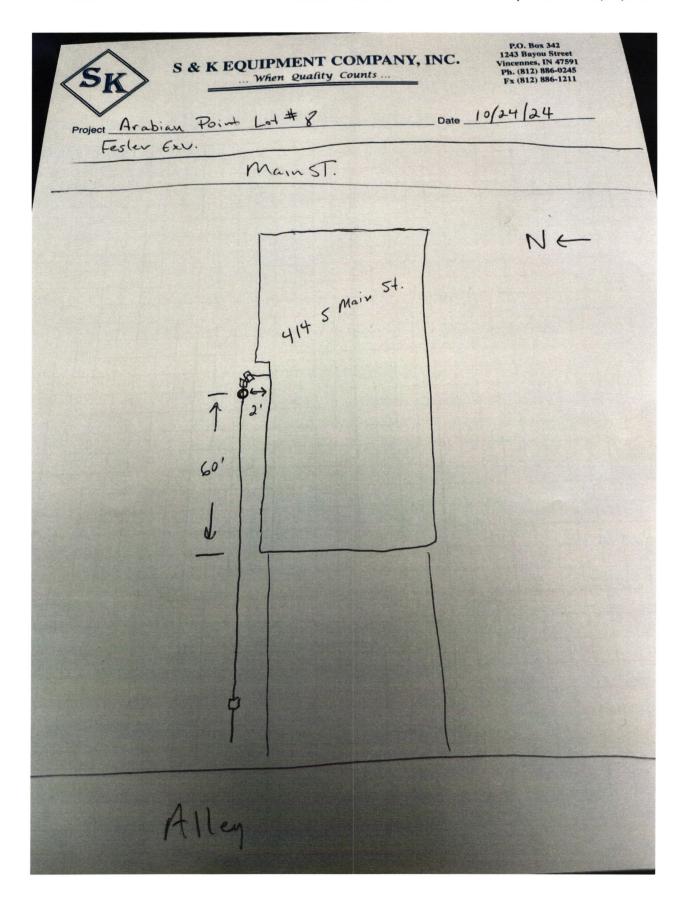
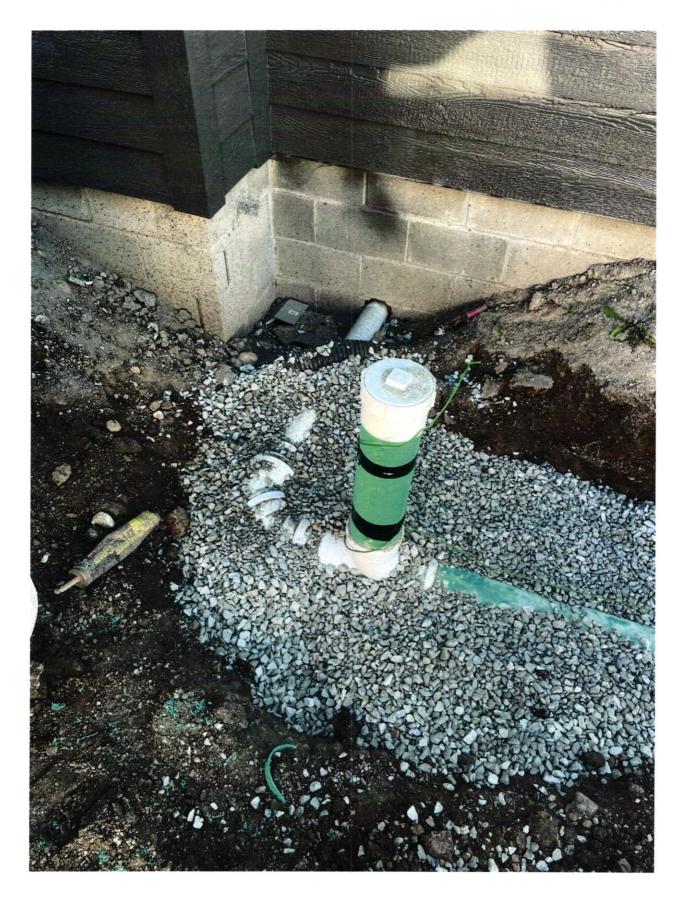
#8415

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

Agreement for Sanitary Sewer Service

c. ferne	we, 20 <u>24</u> , between Fall Creek <u>Enterprise</u> ("Applicant") regarding the ity in and connection to, the District's
ST, Pen	dela
of the mutual p rledged, agree	promises set out in this Agreement, the as follows:
District must a made to the se nances in viola pon the Applicused in connect monthly user result in a lien cost of which collection costs by damages as a glect or culpability three hundred to the Distriprovision of sa s Agreement by	Is shall conform to all District ordinances accept and approve all work and materials ewer mains. Any violation of this tion to be removed and replaced at the cant's premises at all reasonable times to etion with the District's service or which rates, capacity charges, and tap fees. The against the property and/or the will be borne by Applicant, including, s. a result of any failure to supply service bility on the part of the District. red (300) feet of the property line, the act's sanitary sewer system. anitary sewer service touches and bind the District and Applicant and their s, successors, agents, attorneys, assigns,
tand the above	provisions and agree to comply with said
	APPLICANT
	APPLICANT
	APPLICANT Signature
	APPLICANT Signature
day of	APPLICANT Signature
Signature	
Signature PrintedNo	, 20
Signature Printed No Re: ***********************************	
Signature Printed No Re: ***********************************	
Signature Printed No Re: ***********************************	
	of the mutual pledged, agree p and material District must a made to the seances in violation of the Applicated in connection of which collection cost of which collection c







FALL CREEK REGIONAL WASTE DISTRI 9378 S 650 W PO BOX 59 PENDLETON, IN 46064 765-778-7544

FALL CREEK REGIONAL WASTE DIST

Date: 06/28/2024

02:27:08 PM

CREDIT CARD SALE

VISA

CARD NUMBER:

*******9304 K

TOTAL AMOUNT:

\$12,480.00

APPROVAL CD:

01271G

ECI:

RECORD #:

000

CLERK ID:

Becca

FEES

CUST CODE: SALES TAX:

\$0.00

INVOICE #:

FEES-ARABIAN POINTE

KYLE SMITH

I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO THE CARD ISSUER AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER)

Thank you for your payment!

Merchant Copy

Arabian Pointe Lot 5 \$4160.00 (cap: \$3400; tap: \$760) Receipt #12777

\$4160.00 (cap: \$3400; tap: \$760) Receipt #12778 Arabian Pointe Lot 8

\$4160.00 (cap: \$3400; tap: \$760) Arabian Pointe Lot 12 Receipt #12779

Total Capacity: \$10200.00

Total Tap: \$2280.00