

FALL CREEK REGIONAL WASTE DISTRICT

9378 S 650 WEST, P.O. BOX 59, PENDLETON, IN 46064

765-778-7544

AGREEMENT FOR SANITARY SEWER SERVICE

4246

26-02590.00

add order
on file

This Agreement made and entered into this 11th day of April, 2001, between FALL CREEK REGIONAL WASTE DISTRICT ("District") and Robert Fox ("Applicant") regarding the provision of sanitary sewer service, and the assignment of capacity in, and connection to, the District's facilities for the premises located at 5867 S Douglas Way.

NOW THEREFORE, the parties, in consideration of the mutual promises set out in this Agreement, the receipt and sufficiency of which is hereby acknowledged, agree as follows:

1. The Applicant agrees that all workmanship and materials shall conform to all District ordinances and the District's construction standards. District must accept and approve all work and materials before backfilling and final connection is made to the sewer mains. Any violation of this provision will cause all lines and appurtenances in violation to be removed and replaced at the Applicant's expense.
2. The District shall have the right to enter upon the Applicant's premises at all reasonable times to inspect, repair, or replace any equipment used in connection with the District's service or which has an impact on said service.
3. The Applicant shall be responsible for all monthly user rates, capacity charges, and tap fees. The failure to pay any rate charge or fee may result in a lien against the property and/or the termination of service to the property, the cost of which will be borne by Applicant, including, but not limited to, all attorney's fees and collection costs.
4. The District shall not be responsible for any damages as a result of any failure to supply service unless said damages are due to default, neglect or culpability on the part of the District.
5. If there is an available sanitary sewer within three hundred (300) feet of the property line, the property owner shall be required to connect to the District's sanitary sewer system.
6. The Applicant and District agree that the provision of sanitary sewer service touches and concerns the property and the terms of this Agreement bind the District and Applicant and their heirs, executors, administrators, personal representatives, successors, agents, attorneys, assigns, designees, and transferees.

The parties hereto have read and fully understand the above provisions and agree to comply with said provisions.

FALL CREEK REGIONAL WASTE DISTRICT

Signature

APPLICANT

Signature

STATE OF INDIANA)

) SS:

COUNTY OF MADISON)

SUBSCRIBED and sworn to before me this _____ day of _____, 200____.

My Commission Expires:

Signature

Printed

Notary Public
Resident of Madison County

INSPECTOR

DATE INSPECTED

APPROVED

REJECTED

REASON FOR REJECTION

DATE REINSPECTED

APPROVED

REJECTED

NOTES:

SIZE PIPE

TYPE PIPE

BASEMENT YES

NO

SUMP PUMP YES

NO

DOWNSPOUT TO GROUND YES

NO

SEPTIC TANK PUMPED & FILLED YES

NO

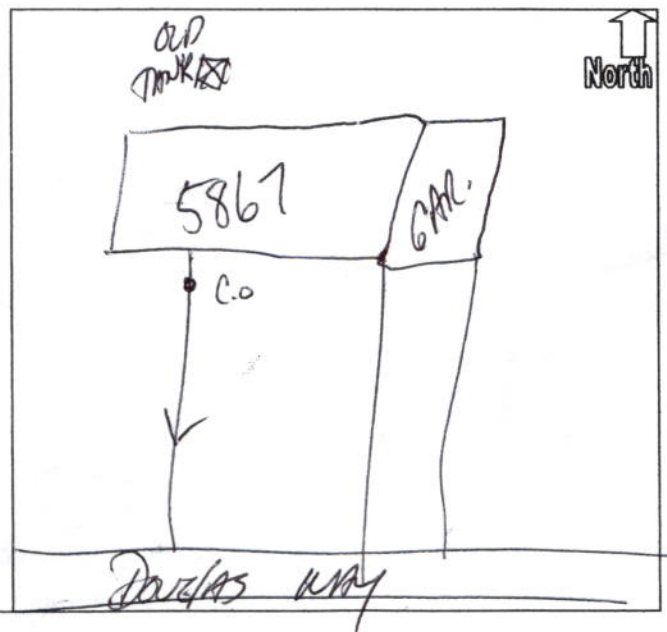
CONTRACTOR

SPECIAL CONDITIONS

EXISTING HOME

NEW CONSTRUCTION

NO PUMP
NO FILL
THANK




ROBERT E. FOX 1-84
BETH A. FOX
5867 S DOUGLAS WAY
ANDERSON, IN. 46013

3416

71-167749
BRANCH 10001

Pay to
the order of

Fell Creek Regional Waste Dist. \$ *1,926.95*

one thousand and nine hundred twenty six and 95/100 Dollars  Security features included. Details on back.



For

Robert E. Fox

MP

⑆074901672⑆ 3416 ⑈321 05242⑈

9378 S. CR 650 W.
P.O. Box 59
Pendleton, IN 46064
Phone: 765-778-7544

PAID
APR 11 2001
\$1,926.95
By *JF Miller*

Customer

Name	Robert Fox	Acct #	26-02590.00
Address	5867 Douglas Way		
City	Anderson	State	IN
Phone		Zip	46013

Project Area # A-2
W.O. #
Due Date 90 days

QTY	DESCRIPTION	UNIT PRICE	TOTAL
1	tap fee	\$400.00	\$400.00
1	capacity fee	\$2,156.00	\$2,156.00
		Sub-Total	\$2,556.00

DATE	PAYMENT	CHECK NUMBER	AMOUNT
	less payment of interim bill		\$629.05
	as of 2/20/01		
		Sub-Total	\$629.05

TOTAL	\$1,926.95
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Detach bottom portion and return with payment

Cut here

Customer:

Name Robert Fox Acct # 26-02590.00
Address 5867 Douglas Way
City Anderson State IN Zip 46013
Phone _____

Project Area # A-2
W.O. #
Due Date 90 days

Amount Due	\$1,926.95
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