* LATERAL REPLACEMENT X

Fall Creek Regional Waste District

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

Agreement for Sanitary Sewer Service

Now therefore, the parties, in consideration of the	("Applicant") regarding the officapacity in and connection to, the District's ————————————————————————————————————
before backfilling and final connection is made provision will cause all lines and appurtenance. Applicant's expense. 2. The District shall have the right to enter upon the inspect, repair, or replace any equipment used in has an impact on said service. 3. The Applicant shall be responsible for all mont failure to pay any rate charge or fee may result termination of service to the property, the cost obtained but not limited to, all attorney's fees and collect. 4. The District shall not be responsible for any date unless said damages are due to default, neglect. 5. If there is an available sanitary sewer within the property owner shall be required to connect to the concerns the property and the terms of this Agriculture.	I materials shall conform to all District ordinances of the must accept and approve all work and materials to the sewer mains. Any violation of this in violation to be removed and replaced at the the Applicant's premises at all reasonable times to in connection with the District's service or which the connection with the District's service or which the magnitude of the property and/or the of which will be borne by Applicant, including, tion costs. I mages as a result of any failure to supply service or culpability on the part of the District. I materials shall conform to all District ordinances of the property and materials to the service or which the District. I materials shall conform to all District ordinances or the sewer mains. Any violation of this service or which the District or the property and replaced at the service or which the District or the property and the property and the property line, the the District's sanitary sewer system.
The parties hereto have read and fully understand the above provisions and agree to comply with said provisions.	
FALL CREEK REGIONAL WASTE DISTRICT	APPLICANT
Signature	6.
o igniture	Signature
STATE OF INDIANA)) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this or	
STATE OF INDIANA)) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this or	
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STATE OF INDIANA)) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this of the commission Expires: Sign	lay of, 20 nature nted Notary Public
STATE OF INDIANA)) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this of the second se	day of, 20 nature nted Notary Public Resident of County ***********************************
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