#7872

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

## Agreement for Sanitary Sewer Service

facilities for the premises located at Maple Trai	
Street Address: 6851 HONEYSU	CKLE WAY
<b>Now therefore,</b> the parties, in consideration receipt and sufficiency of which is hereby acknown	of the mutual promises set out in this Agreement, the vledged, 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 u	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 a	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,
<ul><li>but not limited to, all attorney's fees and of</li><li>4. The District shall not be responsible for a unless said damages are due to default, no</li></ul>	collection costs.  ny damages as a result of any failure to supply service eglect or culpability on the part of the District.
<ol><li>If there is an available sanitary sewer with property owner shall be required to conne</li></ol>	nin three hundred (300) feet of the property line, the
6. The Applicant and District agree that the concerns the property and the terms of thi	provision of sanitary sewer service touches and s Agreement bind the District and Applicant and their representatives, successors, agents, attorneys, assigns,
The parties hereto have read and fully underst provisions.	tand the above provisions and agree to comply with said
FALL CREEK REGIONAL WASTE DISTRICT	APPLICANT
Signature	
	Signature
STATE OF INDIANA ) ) SS:	Signature
STATE OF INDIANA ) ) SS: COUNTY OF MADISON )	
STATE OF INDIANA ) ) SS: COUNTY OF MADISON )  SUBSCRIBED and sworn to before me this _	
STATE OF INDIANA ) ) SS: COUNTY OF MADISON )	
STATE OF INDIANA ) ) SS: COUNTY OF MADISON )  SUBSCRIBED and sworn to before me this _	day of, 20 Signature Printed
STATE OF INDIANA ) ) SS: COUNTY OF MADISON )  SUBSCRIBED and sworn to before me this _  My Commission Expires:	day of, 20  Signature  Printed  Notary Public  Resident of County
STATE OF INDIANA ) SS: COUNTY OF MADISON )  SUBSCRIBED and sworn to before me this _  My Commission Expires:  ***********************************	day of, 20  Signature  Printed  Notary Public  Resident of County  ***********************************
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