#8181

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 Arbor Homes provision of sanitary sewer service, and the assignment of capa facilities for the premises located at Maple Trails Lot 383	, 2021, between Fall Creek ("Applicant") regarding the acity in and connection to, the District's
Street Address: 8104 Bearbarage	in Pendleton
Now therefore, the parties, in consideration of the mutual receipt and sufficiency of which is hereby acknowledged, agree	
 The Applicant agrees that all workmanship and materia and the District's construction standards. District must before backfilling and final connection is made to the s provision will cause all lines and appurtenances in viol Applicant's expense. 	accept and approve all work and materials sewer mains. Any violation of this
The District shall have the right to enter upon the Appl inspect, repair, or replace any equipment used in conne has an impact on said service.	icant's premises at all reasonable times to ection with the District's service or which
 The Applicant shall be responsible for all monthly user failure to pay any rate charge or fee may result in a lier termination of service to the property, the cost of which 	against the property and/or the
but not limited to, all attorney's fees and collection cos 4. The District shall not be responsible for any damages a	its.
unless said damages are due to default, neglect or culps 5. If there is an available sanitary sewer within three hund	ability on the part of the District. dred (300) feet of the property line, the
property owner shall be required to connect to the District. 6. The Applicant and District agree that the provision of s	sanitary sewer service touches and
concerns the property and the terms of this Agreement heirs, executors, administrators, personal representative designees, and transferees.	
The parties hereto have read and fully understand the above provisions.	e provisions and agree to comply with said
FALL CREEK REGIONAL WASTE DISTRICT	
	APPLICANT
Signature	Signature
Signature STATE OF INDIANA	
Signature	
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Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Signature Printed No Re *********************************	Signature



