#8179

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

## **Agreement for Sanitary Sewer Service**

	y of November, 20_21, between Fall Creek ("Applicant") regarding the
Regional Waste District ("District") and Arbor Homes provision of sanitary sewer service, and the assignment	of capacity in and connection to, the District's
Street Address: 8134 Blackery 4	
Now therefore, the parties, in consideration of the	
receipt and sufficiency of which is hereby acknowledge	
and the District's construction standards. Distri- before backfilling and final connection is made provision will cause all lines and appurtenances Applicant's expense.	s in violation to be removed and replaced at the
<ol><li>The District shall have the right to enter upon the inspect, repair, or replace any equipment used it has an impact on said service.</li></ol>	ne Applicant's premises at all reasonable times to n connection with the District's service or which
<ol> <li>The Applicant shall be responsible for all month failure to pay any rate charge or fee may result</li> </ol>	
<ul><li>termination of service to the property, the cost of but not limited to, all attorney's fees and collect</li><li>The District shall not be responsible for any dar</li></ul>	tion costs.
unless said damages are due to default, neglect 5. If there is an available sanitary sewer within thr	or culpability on the part of the District.
property owner shall be required to connect to t  6. The Applicant and District agree that the provis	he District's sanitary sewer system.
concerns the property and the terms of this Agre	eement bind the District and Applicant and their entatives, successors, agents, attorneys, assigns,
The parties hereto have read and fully understand the	ne above provisions and agree to comply with said
provisions.	to deep provisions and agree to comply with said
FALL CREEK REGIONAL WASTE DISTRICT	APPLICANT
Signature	
	Signature
STATE OF INDIANA )	Signature
STATE OF INDIANA ) ) SS: COUNTY OF MADISON )	Signature
) SS:	
) SS: COUNTY OF MADISON )  SUBSCRIBED and sworn to before me this d	
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