#7917

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

Agreement for Sanitary Sewer Service

This Agreement made and entered into this Regional Waste District ("District") and	or Homes ("Applicant") regarding the ent of capacity in and connection to, the District's
Street Address: 8147 Copper deaf In	·
Now therefore, the parties, in consideration of the receipt and sufficiency of which is hereby acknowled	he mutual promises set out in this Agreement, the lged, agree as follows:
 and the District's construction standards. Disbefore backfilling and final connection is maprovision will cause all lines and appurtenant Applicant's expense. 2. The District shall have the right to enter upon inspect, repair, or replace any equipment use has an impact on said service. 3. The Applicant shall be responsible for all mor failure to pay any rate charge or fee may resutermination of service to the property, the conbut not limited to, all attorney's fees and coll 4. The District shall not be responsible for any unless said damages are due to default, negle 5. If there is an available sanitary sewer within property owner shall be required to connect t 6. The Applicant and District agree that the proconcerns the property and the terms of this A heirs, executors, administrators, personal repudesignees, and transferees. 	the Applicant's premises at all reasonable times to d in connection with the District's service or which with user rates, capacity charges, and tap fees. The alt in a lien against the property and/or the st of which will be borne by Applicant, including, ection costs. Idamages as a result of any failure to supply service ct or culpability on the part of the District. three hundred (300) feet of the property line, the o the District's sanitary sewer system. The vision of sanitary sewer service touches and greement bind the District and Applicant and their resentatives, successors, agents, attorneys, assigns,
provisions.	I the above provisions and agree to comply with said
FATA CHEEK REGIONAL WASTE DISTRICT	APPLICANT
Signature	APPLICANT Signature
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Signature STATE OF INDIANA)) SS:	Signature
Signature STATE OF INDIANA)	Signature
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Signature STATE OF INDIANA) SSS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this My Commission Expires: P *********************************	Signature
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this My Commission Expires: Proceed Proceed Process Inspector Date Inspected Process Signature State of Indiana (Indiana) (Indiana	Signature
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this My Commission Expires: Si P *******************************	Signature day of, 20 gnature rinted Notary Public Resident of County ***********************************
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this My Commission Expires: Signature SUBSCRIBED and sworn to before me this My Commission Expires: Signature Subscribed Application Date Inspected F14-V5 Application Date Reinspected Application Notes: Size Pipe V 35	Signature day of, 20 gnature rinted Notary Public Resident of County ***********************************
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