#8211

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 18 Regional Waste District ("District") and Arbor Hor provision of sanitary sewer service, and the assign facilities for the premises located at Maple Trails	nes ("Applicant") regardi	ing the
Street Address: 8003 Bearbarry	an and an	
receipt and sufficiency of which is hereby acknowl		
 and the District's construction standards. Defore backfilling and final connection is a provision will cause all lines and appurtent Applicant's expense. 2. The District shall have the right to enter up inspect, repair, or replace any equipment us has an impact on said service. 3. The Applicant shall be responsible for all a failure to pay any rate charge or fee may retermination of service to the property, the country but not limited to, all attorney's fees and contained. 4. The District shall not be responsible for any unless said damages are due to default, neg. 5. If there is an available sanitary sewer within property owner shall be required to connec. 6. The Applicant and District agree that the property shall be property and the terms of this 	damages as a result of any failure to supply select or culpability on the part of the District. In three hundred (300) feet of the property line, to	aterials the mes to which es. The ling, ervice the
provisions.	nd the above provisions and agree to comply wi	ith said
FALL CREEK REGIONAL WASTE DISTRICT	APPLICANT	
Signature REGIONAL WASTE DISTRICT		
Signature STATE OF INDIANA	APPLICANT Signature	
Signature		
Signature STATE OF INDIANA)) SS:	Signature	
Signature STATE OF INDIANA) SSS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this	Signature	
Signature STATE OF INDIANA) SSS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this	Signature	
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this My Commission Expires:	Signature day of, 20 Signature Printed Notary Public	
Signature STATE OF INDIANA) SSS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this My Commission Expires: ***********************************	Signature day of, 20 Signature Printed Notary Public Resident of County ************************************	
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