#7841

attached

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: 8348 Jones	zer Cn, Penduton
Now therefore, the parties, in consideration receipt and sufficiency of which is hereby acknown	of the mutual promises set out in this Agreement, the wledged, agree as follows:
and the District's construction standards. before backfilling and final connection is	pip and materials shall conform to all District ordinances. District must accept and approve all work and materials a made to the sewer mains. Any violation of this mances in violation to be removed and replaced at the
The District shall have the right to enter to inspect, repair, or replace any equipment has an impact on said service.	upon the Applicant's premises at all reasonable times to used in connection with the District's service or which
 The Applicant shall be responsible for all failure to pay any rate charge or fee may 	I 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, collection costs.
4. The District shall not be responsible for a unless said damages are due to default, no5. If there is an available sanitary sewer with	any damages as a result of any failure to supply service eglect or culpability on the part of the District. hin three hundred (300) feet of the property line, the
The Applicant and District agree that the concerns the property and the terms of the	provision of sanitary sewer system. provision of sanitary sewer service touches and is Agreement bind the District and Applicant and their representatives, successors, agents, attorneys, assigns,
The parties hereto have read and fully unders provisions.	tand the above provisions and agree to comply with said
FALL CREEK REGIONAL WASTE DISTRICT	
FALL CREEK REGIONAL WASTE DISTRICT Signature	APPLICANT Signature
FALL CREEK REGIONAL WASTE DISTRICT Signature STATE OF INDIANA) SS: COUNTY OF MADISON)	
Signature STATE OF INDIANA) SS: COUNTY OF MADISON)	Signature
Signature STATE OF INDIANA)) SS:	Signature
Signature STATE OF INDIANA) SSS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this	Signature day of
Signature STATE OF INDIANA) SSS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this	Signature day of, 20 Signature Printed Notary Public
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this _ My Commission Expires:	day of, 20 Signature
Signature STATE OF INDIANA) SSS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this	day of, 20 Signature
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this	day of, 20 Signature
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this	
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this	
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this	
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this	
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this	
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this	
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this	



