#7863

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**

Regional Waste District ("District") and And provision of sanitary sewer service, and the assignment facilities for the premises located at Maple Trails I	_day of
Street Address: 8359 Juniper La	<b>\</b>
<b>Now therefore,</b> the parties, in consideration of receipt and sufficiency of which is hereby acknowle	the mutual promises set out in this Agreement, the edged, agree as follows:
<ul> <li>and the District's construction standards. District backfilling and final connection is me provision will cause all lines and appurtenant Applicant's expense.</li> <li>The District shall have the right to enter upon inspect, repair, or replace any equipment use has an impact on said service.</li> <li>The Applicant shall be responsible for all me failure to pay any rate charge or fee may restermination of service to the property, the conduct but not limited to, all attorney's fees and colour the District shall not be responsible for any unless said damages are due to default, negles. If there is an available sanitary sewer within property owner shall be required to connect.</li> <li>The Applicant and District agree that the proconcerns the property and the terms of this Applicant and the terms of this Applicant.</li> </ul>	ost of which will be borne by Applicant, including, llection costs.  damages as a result of any failure to supply service ect or culpability on the part of the District.  three hundred (300) feet of the property line, the to the District's sanitary sewer system.
provisions.	nd the above provisions and agree to comply with said
FALL CREEK REGIONAL WASTE DISTRICT	A DDI ICANIT
Signature	APPLICANT
Signature	Signature
Signature  STATE OF INDIANA )  SS:  COUNTY OF MADISON )	
STATE OF INDIANA ) ) SS:	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  My Commission Expires:	Signature day of, 20
STATE OF INDIANA ) ) SS: COUNTY OF MADISON )  SUBSCRIBED and sworn to before me this  My Commission Expires:	Signature
STATE OF INDIANA ) SS: COUNTY OF MADISON )  SUBSCRIBED and sworn to before me this  My Commission Expires:  Subscribed and sworn to before me this  My Commission Expires:  Inspector Date Inspected	Signature   Sign
STATE OF INDIANA ) SS:  COUNTY OF MADISON )  SUBSCRIBED and sworn to before me this  My Commission Expires:  Subscribed and sworn to before me this  My Commission Expires:  Subscribed and sworn to before me this  My Commission Expires:  Subscribed and sworn to before me this  Date Inspected and sworn to before me this  Subscribed and sworn to before me this  Subscribed and sworn to before me this  Subscribed and sworn to before me this  Date Inspected and sworn to before me this  Subscribed and sworn to before me this  Subscribed and sworn to before me this  Subscribed and sworn to before me this  Date Inspected and sworn to before me this  Subscribed and sworn to before me this  Date Inspected and sworn to before me this  Date Inspected And  Date Inspected And  Date Inspected And  Date Inspected And	Signature
STATE OF INDIANA ) SS:  COUNTY OF MADISON )  SUBSCRIBED and sworn to before me this  My Commission Expires:  ***********************************	Signature   Sign
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