#7834

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 Arb provision of sanitary sewer service, and the assignment facilities for the premises located at Maple Trails Located	or Homes ("Applicant") regarding the ent of capacity in and connection to, the District's
Street Address: 8384 Juniper of	la
receipt and sufficiency of which is hereby acknowled	
 and the District's construction standards. Dis before backfilling and final connection is man provision will cause all lines and appurtenance Applicant's expense. The District shall have the right to enter upon inspect, repair, or replace any equipment used has an impact on said service. The Applicant shall be responsible for all mon failure to pay any rate charge or fee may resund termination of service to the property, the cost but not limited to, all attorney's fees and colled. The District shall not be responsible for any of unless said damages are due to default, negled. If there is an available sanitary sewer within the property owner shall be required to connect to the Applicant and District agree that the property concerns the property and the terms of this A 	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 to the District's sanitary sewer system.
	I the above provisions and agree to comply with said
FAIL CREEK REGIONAL WASTE DISTRICT	APPLICANT
Signature	Signature
STATE OF INDIANA)) SS:	
,	
) SS:	
) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this	
) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this My Commission Expires: Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signa	
) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this My Commission Expires: Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signa	day of, 20 gnature rinted Notary Public
) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this My Commission Expires: Signature Property **********************************	
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