

**Eastern Bartholomew Water Corporation
2413 W 700 N, PO Box 487
Taylorsville, IN 47280
Phone (812)526-9777**

NEW SERVICE APPLICATION

Today's Date: _____

Name: _____

Phone: _____ ALT: _____

Service Address: _____

Mailing Address: _____

Email Address: _____

Current Member of EBWC: YES: _____ NO: _____

Sewer Provider (circle one): Columbus City Driftwood Hartsville Hope E-Town Septic

Connection Type: Residential: _____ Commercial: _____

Signature: _____

**CHECKS WILL BE PROCESSED IMMEDIATELY. IF FOR SOME UNFORESEEN REASON THE METER IS NOT
INSTALLED, YOUR ORIGINAL FEES WILL BE REFUNDED TO YOU.**

Please attach a copy of your driver's license.

Once we have all the paperwork back and your account set up, we will give you a call to make an over-the-phone payment. If you are renting it is a \$30 transfer fee, if you are buying the home, it is \$100 membership fee. If you already have a membership with us, then it will be a \$30 transfer fee.

For Office Use Only

Account Number: _____

Location Number: _____

Payment Amount: _____

Method of Payment (Circle one): Credit/Debit Cash Check

Authorization #: _____ Check #: _____ Date Paid: _____