Eastern Bartholomew Water Corporation 2413 W 700 N, PO BOX 487 Taylorsville, IN 47280

Phone: (812)526-9777

NEW OR CHANGE OF SERVICE FORM

Name:					
Service Address:					
Mailing Address:					
Phone:		ALT #:			
Email:					
Today's Date:			Effective Date:		
Sewer Provider (c Columbus City	ircle one): Driftwood	Hartsville	Норе	E-Town	Septic
Current Member o	f EBWC: YES:	NO:			
If A Current Memb	er list address:				
Renting:	Buyin	g on Contrac	:t:	Buyin	ng:
Landlord Name (i	f renting):				
Signature of Acco	unt Holder:				
paperwork back and renting it is a \$30 tran	y of your driver's lice your account set up, w nsfer fee, if you are bu then it will be a \$30 tra	ve will give you ying the home,	a call to make	an over-the-pho	one payment. If you are
		OFFICE U	JSE ONLY		
	Account Number	:			
	Location Number	:			
	Payment Amoun	t:			
	Method of Payme	nt (Circle one): Credit/D	ebit Cash	Check
Authorization #:		Check #	:	Date l	Paid: