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

Current Member of EBWC: YES**: _____ NO: _____**

If A Current Member list address: _____

Renting: _____ Buying on Contract: _____ Buying: _____

Landlord Name (if renting): _____

Signature of Account Holder: _____

Please attach a copy of your driver's license when sending your paperwork back. 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.

OFFICE USE ONLY **ROUTE# 1 2 3 4 5 6 7 8 9 10 11 12 13**

Account Number: _____

Location Number: _____

Membership Payment Amount: _____ Transfer Payment Amount:_____

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

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