



Wastewater Treatment Facility
2101 Boyd Blvd.
La Porte, IN 46350
Voice: 219-362-2354
Fax: 219-362-1018

BILLING OFFICE:
801 Michigan Avenue
La Porte, IN 46350
Phone: 219-362-3175
Email: utilitybilling@cityoflaportein.gov

Water Department
1119 Lake Street
La Porte, IN 46350
Voice: 219-326-9540
Fax: 219-326-9135

RESIDENTIAL SERVICE APPLICATION & AGREEMENT

Start-up Date for water to be turned on: ____/____/____

Residential Account Information (Check Appropriate Box):

Homeowner _____ Renter _____ If Renter, you will need to provide us with a copy of your Rental Lease. All adults listed on the Lease need to be on the Application and provide an I.D. You may email your Lease to utilitybilling@cityoflaportein.gov.

Dwelling Information: Single Unit _____ Multi-Unit _____ Number of Units _____
(More than 3 units must provide own trash service)

Applicant #1: _____

Applicant #2: _____

Applicant #3: _____

Service Address: _____

Mailing Address (if different than Service Address): _____

Telephone: Home/Cell: (____) _____ Work: (____) _____

Driver's License or State I.D. _____
(Applicant #1) (Applicant #2) (Applicant #3)

Previous Address: _____

Employer Name: _____ Address: _____

Emergency Contact: Name: _____
Address: _____ Phone: _____

RENTERS ONLY. To establish an account, renters must supply property owner's Name, Address & Telephone Number.
Property Owner's Name: _____
Address: _____ Telephone No.: _____

ATTESTATION

The City of La Porte has informed me of my requirements to make timely payment of my utility bills on or before the 25th of the month of billing. I hereby agree to those terms and understand that this a condition of my continued service. NOTHING WITHIN THIS DOCUMENT GRANTS TO OR IMPLIES THAT THE APPLICANT HAS ANY PROPERTY RIGHTS UNDER THIS AGREEMENT.

Applicant #1 Signature _____ Date: ____/____/____

Applicant #2 Signature _____ Date: ____/____/____

Applicant #3 Signature _____ Date: ____/____/____

TO BE COMPLETED BY UTILITY OFFICE
ACCOUNT NO. _____ DEPOSIT NO. _____