



DAVE SNOW
Mayor

WILLIAM N. HARRIS
Director

CITY OF RICHMOND

DEPARTMENT OF SANITATION
2380 LIBERTY AVENUE • RICHMOND, INDIANA 47374
PHONE (765) 983-7450 • FAX (765) 962-2669

The undersigned makes application for sewer service at the service address named within. In granting this service to the signing applicant, they agree to abide with the rules, regulations, and rate schedules of Richmond Sanitary District now in effect and as may hereafter be authorized.

APPLICATION FOR SERVICE Connect/Disconnect

NAME: _____

ACCOUNT ID: _____

DL: _____

SSN: _____

PHONE: _____

PHONE: _____

EMPLOYER: _____

PREV. ADDRESS: _____

CITY: _____

STATE: _____

OWN OR RENT: _____

If rent please provide the following:

Owners Name: _____

Owners Address: _____

Owners Phone #: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

Customer's Signature: _____

RSD Agent: _____

Date: _____