

Date Submitted: _____

**CITY OF NEW CASTLE,
Utility Service Agreement**

227 N Main Street
New Castle, IN 47362

Date: _____

Phone: _____

Name: _____

Mailing Address: _____

Address Requesting Service for: _____

Type of Utility Service Requesting:

Domestic Water Line Fire Protection Irrigation Line Sewer Storm Water

Type of building: (check one only)

Single Family Multi-Family-how many units? _____ Business Industry

Fees must be paid prior to connection. When service is to be activated (turned on) an application must also be filled out at the New Castle Utilities Billing Office.

Approved YES NO Date: _____

_____ **Water Connection Fees due \$** _____ **Date Paid** _____
For specific requirements and responsibility description refer to the New Castle Department of Water Regulations and Standard Procedures Manual (located at the Building Inspector's Office, Water Plant or Utility Office)

_____ **Sewer Connection Fees due \$** _____ **Date Paid** _____
The New Castle Wastewater Treatment Plant is responsible for only the main sewer line. The customer will be responsible for connection and the entire lateral.

_____ **Storm Water Fees due \$** _____ **Date Paid** _____
The New Castle Wastewater Treatment Plant is responsible for only the main storm water line. The customer will be responsible for connection and the entire drain.

Signature of Applicant

UTILITY IMPACT BOARD

Water Superintendent

Sewage Superintendent

City Attorney

Director of Public Works

MS4 Coordinator
Consent to and Waiver of future annexation form signed and recorded if applicable Yes

Comments: _____