



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 25<sup>th</sup> 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. \_\_\_\_\_