

# Saint Paul Municipal Utilities

106 N. Webster Street  
Post Office Box 235  
Saint Paul, Indiana 47272  
765-525-7631

Email: [stpaulclerktreas@tds.net](mailto:stpaulclerktreas@tds.net)

## Water and Sewer Application

Please mail, e-mail, or bring this form to Saint Paul Municipal Utilities Office.  
Please include a photocopy of your picture ID (driver's license, student ID)

Please print full legal name.

State Date of Service: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Business Name (if acciable): \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I am the  Property Owner  Tenant (Renter)  Other (explain) \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_ Owner's Phone # \_\_\_\_\_

In the event of an emergency concerning your water and/or wastewater services, please provide us with the following emergency contact information.

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

I hereby contract with Saint Paul Municipal Utilities for service and agree to pay for the same in accordance with its established schedule of rates at the time service is rendered and comply with the rules and regulations of the Company governing such service, and I agree to pay the minimum monthly charges irrespective of whether water or sewer was used.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE ONLY

Starting Date of Service: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_ Receipt# \_\_\_\_\_

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DISCONTINUED/TEMPORARILY HOLD OF SERVICE REQUEST

Account Number: \_\_\_\_\_ \_\_\_\_\_ Permanently \_\_\_\_\_ Temporary

DISCONTINUANCE PERMANANTLY

I, \_\_\_\_\_, request that the water service located at \_\_\_\_\_, to be permanently discontinued on \_\_\_\_\_ (Date)  
(Service Address of Water Customer)

Please send the final bill to the following address:

\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

TEMPORARILY HOLD WATER SERVICE

I, \_\_\_\_\_, request that the water service located at \_\_\_\_\_, to be temporarily discontinued on \_\_\_\_\_ (Date)  
(Service Address of Water Customer)

Please be advised that even though your water may be temporarily shut off you will continue to receive a monthly billing for sewage fees. I expect to return to the above service address on

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Phone Number)

FOR OFFICIAL USE ONLY

Date request received in STPU Office \_\_\_\_\_ Initials \_\_\_\_\_  
Date water service was turned off \_\_\_\_\_  
Work completed by \_\_\_\_\_