

**TOWN OF WARREN, INDIANA MUNICIPAL UTILITIES**  
**APPLICATION FOR SERVICE - BUSINESS ENTITY**

Date of Application: \_\_\_\_\_ Date Service Required \_\_\_\_\_

Services Requested: Circle      Water      Sewer      Electric      Sanitation

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

Rent/Lease Property \_\_\_\_\_ Own Property \_\_\_\_\_

Name of Utility Customer: \_\_\_\_\_

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

**Contact Person:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (If different than address above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tax ID# or Federal ID# \_\_\_\_\_

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to such penalties as may be prescribed by law or by ordinance.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Warren Municipal Utilities  
(260) 375-2656

132 N Wayne Street      Post Office Box 477  
E-mail: [warren@citznet.com](mailto:warren@citznet.com)

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Fax (260) 375-2659