



TOWN OF
La Grange
INDIANA

Laurie D. Miller, Clerk/Treasurer
Mark W. Eagleson, Town Manager
1201 N Townline Road
LaGrange Indiana 46761
260-463-3241

Water and Sewer Tap Permit

Sewer Tap _____ Water Tap _____

Name of Owner: _____

Service Address: _____

Phone Number: _____

Email Address: _____

Is Property Within City Limits? Yes _____ No _____

Is a "Cut Permit" required? Yes _____ No _____

I have filled out and signed the "Application for New Water and Sewer Service" form. It is signed by both the contactor and property owner. The application has been approved by the water and or wastewater superintendent.

Signature of Tap Applicant

Date

I have read the "Water Lateral and Tap Requirements" and or "Sewer Lateral and Tap Requirements" forms. I understand that it is my responsibility to adhere to these rules for the installation of my water and or sewer lateral(s). I understand that breaking these rules could result in termination of service until the necessary changes are made. If a second inspection is required, another \$250.00 will be charged. I understand that once the water and or sewer lateral installation is completed and inspected, I am responsible for filling out the "Application for Utility Services" form and paying the deposits. If the form is not filled out and or the deposit(s) are not paid, then the service will remain off. I agree to be responsible for any and all liability resulting from the installation of the water and or sewer lateral from my place of business or residence to the town water or sewer main.

Signature of Tap Applicant

Date

Permit Issued By: _____

Date

Total Fees: _____

Receipt Number: _____