

TURN ON WATER SERVICE

TURN ON

NAME _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

MOVING FROM _____

PHONE # _____ **SS #** _____

EMAIL ADDRESS _____

OWNER _____ **RENTER** _____ **LANDLORD** _____

CUSTOMER SIGNATURE _____

OFFICE USE ONLY

Date _____ Time _____ Book _____ Acct# _____

DEPOSIT DATE _____ DEPOSIT # _____ \$ _____

READING _____

Date you would like service to begin in your name:

We will call you to confirm this information and to schedule an appointment if necessary.

Contact Info:

City Utilities
300 Cherry St
P.O. Box 5177
Huntington IN 46750

Phone: 260-356-3220
Fax: 260-356-0344

Email:
jennifer.gunn@huntington.in.us

REQUIRED:

- **Fill out above TURN ON form** (ALL highlighted areas)
 - **WE MUST HAVE A SIGNATURE!**
- **Provide a copy of DRIVER'S LICENSE / PHOTO ID**
 - **A photo can be emailed to the below email if more convenient**
- **\$125 deposit**
 - **Deposit can be made by check, cash, money order in drop box or credit card by phone**

Return information by:

Put in Drop Box:

Located in the City Building, 300 Cherry St – inside the blue door
24 hour availability. Envelopes provided.

Email: jennifer.gunn@huntington.in.us

Mail to: City Utilities, PO Box 5177, Huntington, IN 46750

Please allow 2 to 3 day turn around period. Once we receive this information we will call you to verify and if needed schedule a date and time to turn service on. If we have a scheduled time someone over the age of 18 and with access to the inside of the residence **MUST** be present for the appointment. If you detect an issue/leak, let serviceperson know immediately so they can turn water back off before leaving appointment.