

**APPLICATION TO CHANGE  
NAMES OR SERVICES FOR AN  
EXISTING LOCATION**

**South 43 Water Association  
Phone: 765-657-5000**

**APPLICANT**

Name \_\_\_\_\_

Phone: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

Driver Lic. \_\_\_\_\_ State \_\_\_\_\_

Employment: \_\_\_\_\_

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

Supervisor's Name \_\_\_\_\_

Phone \_\_\_\_\_

Position \_\_\_\_\_

**CO-APPLICANT**

Name \_\_\_\_\_

Phone: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

Driver Lic \_\_\_\_\_ State \_\_\_\_\_

Employment \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Phone \_\_\_\_\_

Position \_\_\_\_\_

***Billing address:***

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Move in date \_\_\_\_\_

***Current residence:***

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**\*\*Email address**

Relative not living with you: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (mobile) \_\_\_\_\_

Address \_\_\_\_\_ City, St, Zip \_\_\_\_\_

**Representation:** Applicant and Co-Applicant represent that the above statements are true and complete.

**Authorization:** Applicant and Co-Applicant authorize South 43 Water Association, Inc. to (1) verify any information related to this application; and (2) agrees to pay all collection and/or court costs associated with delinquent water usage fees. If water service has been shut off, a \$50.00 reconnect fee may apply.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date