

**WHITELAND, IN**549 E Main St - www.townofwhiteland.com - phone: 317.535.5531 - fax: 317.535.8724**RENTAL PROPERTY—UTILITY SERVICES DEPOSIT WAIVER**

Service Address: _____

Account Number: _____

Property Owner Information:

Name: _____ SSN/ FEIN _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Tenant Information

Name: _____ Phone: _____

Email Address: _____

Waiver Statement:

I, _____ confirm that I am the legal owner, or authorized agent of the legal owner, of the property identified above. I hereby authorize the Town of Whiteland Utility Services to waive the utility deposit for the tenant identified on this application. I certify that I understand that the Town of Whiteland typically bills utilities behind the bill date. Due to the billing cycle, utility charges accrued under the tenant may be due after the tenant has vacated the premise and discontinued service. As the property owner, I hereby acknowledge that I will be responsible for any charges that are remaining on the above referenced account number, regardless of the dates the charges were accrued.

Property Owner: _____
Signature_____
Name (Print)_____
Date**Office Use**

Accepted by: _____

Date: _____