



Account # _____

Scott County Regional Sewer District
1963 W Mount Drive
Scottsburg, IN, 47170
Phone: (812) 850-3200
E-mail: scottcountyrds@gmail.com
www.scottcountyrds.com

Utility Account Application

Please complete and return to the office in person, by mail to the address above or email to scottcountyrds@gmail.com.
ITEMS WITH * ARE REQUIRED. PLEASE PRINT ALL INFORMATION OTHER THAN SIGNATURE.

Account Holder

*Last Name or Business: _____ *First Name: _____ MI: _____
*Phone: _____ *Email: _____

Additional Account Holder (Optional)

*Last Name or Business: _____ *First Name: _____ MI: _____
*Phone: _____ *Email: _____

Service Location

*Address: _____
*Type of Property: Single Family Condo or Townhouse Apartment Commercial
*Owner Occupied: Yes No *Service Start Date: _____

If not owner occupied, complete Owner section below. Residential tenants must attach a copy of current lease.

Owner Information *(Required if tenant occupied or different than account holder above.)*

*Last Name or Business: _____ *First Name: _____ MI: _____
*Phone: _____ *Email: _____
*Address: _____

Bill Address *(If different than Service Address.)*

*Address: _____

I confirm that all the above information is true and correct.

*Print Name: _____ *Signature: _____

*Date: _____

Received by: _____

Date: _____