Welcome to the Town of Munster! Congratulations on your new home. Please fill in this form and e-mail to mdeering@munster.org. There may be a deposit required. You may phone (219) 836-6948 to find out the amount. You can have more than one person on the account. We must see at least one person’s identification. Please include a color image of your license and include it with this document.

Clerk-Treasurer’s Office/Water Office hours:
Monday through Friday 7:30 am until 4:30 pm
1005 Ridge Road
Munster, Indiana 46321
(219) 836-6948 or (219) 836-6949



Details of the utility account:

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| --- |
| **Service Address:** Click here to enter text. Munster, IN 46321 |
| **Mailing Address for monthly Bills: (Please enter different mailing address or type SAME)** Click here to enter text. |

Name(s) to appear on account:

|  |  |
| --- | --- |
| **First Name:** Click here to enter text. | **Last Name:** Click here to enter text. |
| **First Name:** Click here to enter text. | **Last Name:** Click here to enter text. |

Contact Information:

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| **Primary Phone Number:** Click here to enter text.**Type:** Choose an item. **Belongs to:** Click here to enter text. |
| **Alt Phone Number**: Click here to enter text. **Type**: Choose an item. **Belongs to:** Click here to enter text. |
| **Alt Phone Number**: Click here to enter text. **Type**: Choose an item. **Belongs to:** Click here to enter text. |
| **Email Address:** Click here to enter text. |
| **Alt Email Address**: Click here to enter text. |

Identification Information: This section will require staff verification and at least one ID is **required.**

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| **1st License Issue State:** Click here to enter text.  |
| **First and Last Name on License**: Click here to enter text. |
| **Driver License Number:** Click here to enter text. |
| **2nd License Issue State:** Click here to enter text.  |
| **First and Last Name on License**: Click here to enter text. |
| **Driver License Number:** Click here to enter text. |

Account Date Details:

|  |
| --- |
| **Today’s Date:** Click here to enter a date. |
| **If you are the owner:** **Date of Closing:**  Click here to enter a date. | **If you are the renter:****Beginning date of lease:** Click here to enter a date. |
| **Date of possession:** Click here to enter a date. | **Landlord/Owner’s name:** Click here to enter text. |
| **Will this be a rental property?** Click here to enter text. | **Landlord/Owner’s phone:** Click here to enter text. |

**FOR OFFICE USE ONLY:** Initial and date

Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Copy of IDs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deposit Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Packet sent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Bill:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_