

STATE OF INDIANA)
) SS:
COUNTY OF VANDERBURGH)

**AFFIDAVIT OF ELIGIBILITY OF
SEWER RATE FOR UNMETERED WELL WATER USERS**

(Prescribed by the Town of Darmstadt pursuant to Darmstadt Municipal Code Chapter 51)

I, the undersigned, being first duly sworn upon my oath, depose and say as follows:

1. I have personal knowledge of the facts contained herein, and I am over eighteen (18) years of age and would be competent to testify as to the facts contained herein if called to do so.
2. I am the owner and resident of a single-family residential dwelling located at:
Street address _____, Darmstadt, Indiana (zip code) _____ (“Property”).
3. The Property is served by water from a private water well only and is not connected to the waterworks of the Evansville Water Utility Department or German Township Water or any other municipality or unit.
4. **No more than two (2) persons reside or are domiciled at this Property.**
5. Pursuant to Darmstadt Municipal Code Chapter 51, I submit this affidavit by December 15th of the current year, to request qualification as a Discounted Well User beginning next year. **I understand that this affidavit is due EVERY YEAR BY DEC 15TH IN ORDER TO APPLY FOR DISCOUNTED RATE.** A Discounted Well User is defined as a residential household served solely by a private well system with no more than two (2) occupants. If approved, the Property will be billed at the discounted well-user flat rate instead of the standard well-user flat rate, beginning on the first billing cycle of the new year **if the affidavit is received and approved by December 15th of the previous year.**
6. I understand and agree that if, at any time during the four-year affidavit period, the occupancy of the Property changes such that more than two (2) people reside at the address, I must notify the Sewer Superintendent in writing within fifteen (15) days of the change. Upon such a change, this affidavit will be automatically revoked, and the Property will be subject to the standard well user flat rate.
7. **I acknowledge that this affidavit is made under oath and under penalty of perjury. If the Town determines that any of the statements in this affidavit are false, misleading, or incomplete, or if I fail to timely notify the Town Clerk-Treasurer of changes in occupancy as required, the Town may: (a) revoke my discounted well user status immediately; (b) retroactively bill the Property at the standard well user flat rate for the period of noncompliance; and (c) pursue legal or financial penalties, including collection of unpaid sewer charges and any other applicable remedies under local and state law.**

The undersigned swears and affirms, under the penalties of perjury, that the foregoing representations are true.

Homeowner’s Signature: _____ Printed Name: _____ Date: _____

STATE OF INDIANA)
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Subscribed and sworn to before a Notary Public this _____ day of _____, 20____.

County of Residence: _____

Notary Public

My Commission Expires: _____

Printed Name

APPROVED / REJECTED / REVOKED BY: _____ Date: _____
(circle one) Sewer Superintendent

RECEIVED & RECORDED BY: _____ Date: _____
Town Clerk-Treasurer