

LEWISBURG WATER & WASTEWATER
APPLICATION FOR SERVICE

NAME _____ SOC. SEC. NO. _____ DL # _____ DOB _____

SPOUSE'S NAME _____ SOC. SEC. NO. _____ DL # _____ DOB _____

SERVICE ADDRESS _____

CITY _____, TN ZIP _____

TELEPHONE (HOME) _____ (CELL) _____

MAILING ADDRESS IF NOT SERVICE ADDRESS _____

PLACE OF EMPLOYMENT _____ TELEPHONE _____

OWN OR RENT _____ LANDLORD _____

EMERGENCY CONTACT _____ TELEPHONE _____

I, the undersigned, hereby certify that at the present time I do not owe the Lewisburg Water and Wastewater System for prior service and further certify that this application is my bona fide application and not submitted in conjunction with or on behalf of another person who has had water service terminated by this department for failure to pay a water bill. I further certify that in the event this is a false application that I understand and agree that water service may be terminated immediately by the Lewisburg Water and Wastewater System.

I further certify that each and every adult resident of these premises is listed on this application as a co-applicant by me. I agree to notify the Lewisburg Water and Wastewater System immediately should additional adult residents move in.

I hereby agree that should any adult person who owes a delinquent bill with the Lewisburg Water and Wastewater System become a resident of these premises while I am the signed applicant, I will be fully responsible for the payment of that delinquent bill. I understand and agree that should I fail to pay said bill or to satisfy the Superintendent of Lewisburg Water and Wastewater System that said person is not a resident, my service will be terminated immediately.

The undersigned hereby makes application for water service at the address above and agrees to pay for said service as measured by the system's meters according to rates applicable at each billing.

The Applicant shall be responsible for all water consumed upon the premises from date of installation and shall permit authorized agents of the system free access to the premises of the consumer for the purpose of inspecting, reading, examining, repairing or removing meters or other property belonging to the Lewisburg Water and Wastewater System.

I understand and agree that if I fail to list or supply the names of residents aforesaid, my service may be terminated immediately.

The Applicant further agrees that in the event he/she fails to pay a legitimate account, that he/she will pay all expenses incurred in the collection of said delinquent account including a reasonable attorney's fee. Applicant further agrees to pay interest on a delinquent account beginning 30 days after date due at the rate of 1 1/2 % per month.

NOTICE: SERVICE TO ALL RESIDENTIAL CUSTOMERS, EXCEPT SINGLE APPLICANTS, SHALL BE BILLED JOINTLY TO BOTH PARTIES.

SIGNED _____ DATE _____

RECEIVED BY _____ DATE _____

DEPOSIT RECEIPT # _____ AMOUNT \$ _____