

MARSHALL COUNTY BOARD OF PUBLIC UTILITIES
624 WEST COMMERCE STREET, LEWISBURG, TN 37091
OFFICE: (931) 359-6905 * FAX: (931) 359-8876

CONTRACT FOR WATER SERVICE

DATE: ____/____/____

ACCOUNT #: ____ - ____ - ____

NAME: _____			
SERVICE ADDRESS: _____			
	CITY	STATE	ZIP
BILLING ADDRESS: _____			
	CITY	STATE	ZIP
HOME PHONE: _____	CELL PHONE: _____	WORK #: _____	
SOCIAL SEC. #: _____	DOB: _____	DRIVERS LICENSE #: _____	STATE: _____
EMAIL ADDRESS: _____			

SPOUSE/CO-APPLICANTS NAME: _____		SOCIAL SEC. #: _____	
DOB: _____	CELL PHONE: _____	WORK #: _____	

Have you ever had service with us before? Yes ____ No ____

Do you own ____ or rent ____ this property? If renting, landlords name: _____

NEAREST RELATIVE NOT LIVING WITH YOU			
NAME & RELATIONSHIP _____			
CITY: _____	STATE: _____	ZIP: _____	PHONE #: _____

To induce Marshall County Board of Public Utilities to accept this application and provide water service on an existing water line, the customer agrees to comply with MCBPU Rules and Regulations and to promptly pay for all water used and for all other charges (i.e. pay a minimum water bill when meter is purchased for 12 months whether private service is connected or not) that may be made to this account. Customer acknowledges receiving a current copy of MCBPU Rules and Regulations.

If for any reason the water tap must be moved, the customer is responsible for all costs to move tap.

PLEASE INITIAL: _____

SIGNATURE: _____

NOTE: No matter which applicant signs the application both are responsible for ALL billing incurred for this account. If any part of this application is false, MCBPU reserves the right to discontinue water service.

IN THE EVENT PAST DUE ACCOUNTS ARE NOT PAID AND LEGAL ACTION IS REQUIRED, CUSTOMER SHALL BE RESPONSIBLE FOR ALL ATTORNEY'S FEES, COURT COSTS, AND COST OF COLLECTIONS.

FOR OFFICE USE ONLY

RECEIVED BY: _____ DATE: ____/____/____ RECEIPT #: _____

PAID BY: _____ TAP FEE PD: _____ CAPACITY FEE PD: _____

SEWER FEE PD: _____ SERVICE FEE PD: _____ DEPOSIT PD: _____

WORK ORDER #: _____ DATE READ/TURNED ON: ____/____/____

READING: _____ METER #: _____

MARSHALL COUNTY BOARD OF PUBLIC UTILITIES WASTEWATER CUSTOMERS ONLY

To induce Marshall County Board of Public Utilities to accept this application and provide wastewater service on an existing wastewater system, the customer agrees to comply with all Marshall County Board of Public Utilities policies found in the wastewater user's manual, promptly pay a sewer connection fee of \$750.00 when the application is made to purchase a water tap, pay the sewer usage charge, and all other charges that may be made to this account. Customer acknowledges receiving, reading, and understands what they are responsible for as defined in a current copy of the Marshall County Board of Public Utilities wastewater policies and the wastewaters user's manual. No matter which applicant signs the application both are responsible for any and all billing incurred for this account. ***Marshall County Board of Public Utilities reserves the right to discontinue water service for the following: 1.) If all of the MCBPU waste policies and the wastewater user's manual do's and don'ts are not followed. 2.) If it is found that any part of this application is false. 3.) All charges for wastewater services are not paid on time as charged by the Marshall County Board of Public Utilities.***

IN THE EVENT PAST DUE ACCOUNTS ARE NOT PAID AND LEGAL ACTION IS REQUIRED, CUSTOMER SHALL BE RESPONSIBLE FOR ALL ATTORNEYS FEES, COURT COSTS, AND COST OF COLLECTIONS.

SIGNATURE: _____

FOR OFFICE USE ONLY

Received by: _____ Date: _____

Water/Wastewater account #: _____ - _____ - _____

Receipt #: _____ Work Order #: _____

Water Meter #: _____ Date Service to Begin: _____