MARSHALL COUNTY BOARD OF PUBLIC UTILITIES

624 WEST COMMERCE STREET, LEWISBURG, TN 37091
OFFICE: (931) 359-6905
Email address: ACCOUNTS@MCBPU.COM

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: _____ APPLICATION FEE PD: _____ CONNECTION FEE 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: _____

Marshall County Board of Public Utilities
Cross-Connections Survey

What is a Cross-Connection? A Cross Connection is any pipe, valve, fixture, etc. in a drinking water plumbing system tat may allow the drinking water within the system to become contaminated or questionable in quality. Cross-Connections can either be eliminated or protected by an air gap or mechanical backflow preventers. Many cross-connections can be prevented by maintaining a two-inch (2") air gap between the water source and its intended receptable. There are certain risks, however, that may require the installation of a backflow prevention device. Unprotected cross-connections are prohibited by state regulations, plumbing codes, and local codes. Consult Marshall County Board of Public Utilities for proper methods of cross-connection control.

Do you have any of the following? (If no, leave blank)

	Auxiliary water source or well on property		**Portable Dialysis Machine**
	Backflow prevention device		**Solar System**
	Booster pump, well pump, or another pump		**Spring, creek, pond, etc.**
	Darkroom Equipment		**Sprinkler system**
	Drip/Soaker/irrigation system		**Swimming pool**
	Ghost pipes		**Utility sink**
	Green house		**Walk-in tub**
	Hot tub/Jacuzzi		**Waterbed**
	Insecticide sprayer (attaches to garden hose)		**Water softener**
	Livestock watering trough		**Wood burning water heater**

Customer Name:_____

Phone #:_____

Date:_____

Account #_____

Date Received: _____

MCBPU Initial's:_____

Marshall County Board of Public Utilities Applicant Survey

For Statistical purposes only

As part of our commitment to ensuring equal access to our services, we are required to collect information from applicants regarding their race, ethnicity, and other demographic data.

To comply with Title VI of the Civil Rights Act of 1964, we kindly request that you complete the following:

How many are in the home: _____Adults _____Youth (underage of 18)

Race: _____ are Caucasian (C) _____are African American (AA)

_____are Hispanic (HSP) _____are Asian (ASN)

_____are American Indian (AI) _____ are Alaska Native (AN)

_____ are Native Hawaiian and Other Pacific Islander (NH/OP)

_____are Other (O) Please note race (_____)

Number of persons with a Disability _____

Primary language spoke at home _____

Your responses will be kept confidential and used solely for the purpose of ensuring compliance with Title VI regulations.

Thank you for your cooperation and assistance in this matter.

Encuesta de solicitantes de la Junta de Servicios Públicos del Condado de Marshall

Solo con fines estadísticos

Como parte de nuestro compromiso de garantizar la igualdad de acceso a nuestros servicios, estamos obligados a recopilar información de los solicitantes sobre su raza, etnia y otros datos demográficos.

Para cumplir con el Título VI de la Ley de Derechos Civiles de 1964, le solicitamos que complete lo siguiente:

Cuántos hay en el hogar: _____Adults _____Youth (menores de 18 años)

Raza: _____ son caucásicos (C) _____are afroamericanos (AA)

_____are Hispano (HSP) _____are Asiático (ASN)

_____are _____ de los indios americanos (AI) son nativos de Alaska (AN)

_____ son nativos de Hawái y otras islas del Pacífico (NH/OP)

_____are Otro (O) Tenga en cuenta la raza (_____)

Número de personas con discapacidad _____

El idioma principal hablado en casa _____

Sus respuestas se mantendrán confidenciales y se utilizarán únicamente con el fin de garantizar el cumplimiento de las regulaciones del Título VI.

Gracias por su cooperación y asistencia en este asunto.