APPLICATION FOR WATER SERVICE KINGSTON TENNESSEE

			A			Amount Paid	
Date			_Account#			or Billed	
Finalled Date			Closed			_	
	Business N	ame				•* 	
Name (Last)				First			
Other Names Listed on Lease or Agreement							
Service Address							
Mailing Address	(if different)						
Owner	Landlord	Renter	Lease Date			-	
Would you want	to he cont:	acted by emai	il or text messas	ges concerning yo	ur account or	water issues?	
EMAIL	to be conte	icted by email	or text messag	ses concerning yo	ar account of	EBILL	
LING						COICE	
Phone #1			Phone #2			Date of Birth	_
DL# or ID #			State		SSN#		_
Meter#				Transponder#			_
Services				-	Desidential /	Commonsial	
M-1			Di CIDOLE	L. Dans Land	Residential /		
voluntary inform	lation for Fe	ederal Grant	Please CIRCLE T	he appropriate R	ace Ethnic Coo	<u> </u>	
Race Ethnic Code	::			Asian		American Indian / Alaskan Nat	
Hispanic / Latino		Yes No		Black / African American White / Caucasian		Native Hawaiian / Pacific Island Information Not Available	der
The undersigned	hereby mał	es application	n for service at t	he above address	and agrees to	pay for said service as measure	
						rther agrees, that if bill become:	
						ed for the Collection Services.	
		•				ne date of installation and to	
						the the purpose of inspecting,	
						tem. The applicant shall provide	!
						pipe, devices, meters, and ible to the meter readers or	
						to interfere with the meters or	
						200.00 for repair or replacemen	t.
if meter is tamp						or reprocessed	2
					esires said se	rvices discontinued and agrees t	to
						em to read or remove the and	
render bill.							
Signed					Approved		
(Applicant)							
	_	-	-	ation			
Applicant acknow	wiedges rec	eipt of inform	nation regarding	payments, pena	lites, disconr	ect for non-payment and	

fees associated for reconnect