

APPLICATION FOR WATER SERVICE
KINGSTON TENNESSEE

Date _____ Account# _____ Amount Paid
or Billed _____

Finalled Date _____ Closed _____

Business Name _____

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 be contacted by email concerning your account or water issues? Yes No

EMAIL	_____	EBILL	_____
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Would you want to be contacted by text messages concerning your account or water issues? Yes No

Phone Number for Text Messages _____

Phone #1 _____ Phone #2 _____ Date of Birth _____

DL# or ID # _____ State _____ SSN# _____

Meter # _____ Transponder# _____

Services _____

Residential / Commercial

Is there any Medical reason that service cannot be interrupted? _____(Yes) _____(No)

Written verification from a Medical Doctor is required before meter can be labeled as non-cut-off. The water bill is still required to be paid in full, but notification will be made prior to disconnect.

Voluntary Information for Federal Grant - Please CIRCLE the appropriate Race Ethnic Code

Race Ethnic Code:			Asian	American Indian / Alaskan Native
Hispanic / Latino	Yes	No	Black / African American	Native Hawaiian / Pacific Islander
			White / Caucasian	Information Not Available

The undersigned hereby makes application for service at the above address and agrees to pay for said service as measured by the System's meters, according to the System's Standard Rules and Regulations and further agrees, that if bill becomes delinquent and must be sent to Collection Agency, will be responsible for all costs incurred for the Collection Services. The applicant agrees to be responsible for all water consumed upon the premises from the date of installation and to permit authorized agents of the System free access to the premises of the consumer for the the purpose of inspecting, reading, examining, repairing, or removing meters or other property belonging to the System. The applicant shall provide the necessary space on or in its premises for the location, safe keeping and protection of pipe, devices, meters, and meter boxes. The applicant shall see that at all times the meter and meter box be accessible to the meter readers or other employees of the Kingston Water Department (This includes landscaping, fences, and parked vehicles).

The applicant is strictly forbidden to interfere with the meters or other appliances of the Utility.

The applicant agrees to pay a Minimum cost of \$200.00 for repair or replacement, if meter is tampered with, broken, or disabled in anyway.

The applicant agrees to notify the System in writing when the applicant desires said services discontinued and agrees to pay for said service for a reasonable time after such notice, in order to permit the System to read or remove the and render bill.

Signed
(Applicant)

Approved

Applicant acknowledges receipt of Servline Policy information _____

Applicant acknowledges receipt of information regarding payments, penalties, disconnect for non-payment and fees associated for reconnect _____