

**APPLICATION FOR WATER SERVICE
KINGSTON TENNESSEE**

Amount Paid

Date _____ Account# _____ 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.