

APPLICATION FOR WATER SERVICE
KINGSTON, TENNESSEE

DATE CONNECTED ACCOUNT # AMOUNT PAID OR BILLED

DATE FINALLED DATE CLOSED

LAST NAME FIRST NAME BUSINESS NAME (IF APPLICABLE)

SERVICE ADDRESS

MAILING ADDRESS (IF DIFFERENT)

OWNER LANDLORD RENTER LEASE DATE: _____

Would you want to be contacted by email or text concerning your account or water issues? EMAIL TEXT NEITHER
Would you like to receive your bills by email instead of by mail? YES NO

PHONE #1 PHONE #2 EMAIL

DL # OR ID # STATE SSN # DOB

METER # TRANSPONDER # SERVICES

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

RACE ETHNICITY _____ HISPANIC/LATINO YES NO

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 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 Kingston Water Department in writing when they desire services to be discontinued and agrees to pay for all service for a reasonable time after such notice, in order to permit KWD to read or remove meter and render bill.

CUSTOMER SIGNATURE EMPLOYEE SIGNATURE

APPLICANT ACKNOWLEDGES RECEIPT OR SERVLINER POLICY INFORMATION _____
APPLICANT ACKNOWLEDGES RECEIPT OF INFORMATION REGARDING PAYMENTS, PENALTIES, DISCONNECT FOR NON-PAYMENT AND FEES ASSOCIATED FOR RECONNECT _____
APPLICANT ACKNOWLEDGES THAT ACCOUNT OPENED AFTER READ DATE WILL BE ISSUED A MINIMUM BILL APPROXIMATELY _____
POLICIES AND PROCEDURES LINK - <https://water.kingstontn.gov/water-home/water-sewer-policies-procedures/> Revised 10.27.21