



### APPLICATION FOR WATER SERVICE

Kingston Water Department  
 900 Waterford Place  
 Kingston, TN 37763

For office use only:

Disconnect#: \_\_\_\_\_

Connect#: \_\_\_\_\_

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: \_\_\_\_\_

PHONE #1

PHONE #2

EMAIL

DL # OR ID #

STATE

SSN #

DOB

METER #

TRANSPONDER #

SERVICES

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

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).

**\*\*FAILURE TO RECEIVE BILL DOES NOT RELIEVE CONSUMER OF PAYMENT AND PENALTY\*\***

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 services for a reasonable time after such notice, in order to permit KWD to read or remove meter and render bill.**

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**CUSTOMER SIGNATURE**

**EMPLOYEE SIGNATURE**

- APPLICANT ACKNOWLEDGES RECEIPT OF LEAK PROTECTION 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 \_\_\_\_\_