



City of Maynardville Application and Agreement for Non-Residential Service

P.O. Box 217 Maynardville, TN 37807 Phone: 865.992.3821 Fax: 865.992.6456

Account No: _____ *(for office use)*

Office Personnel Initials: _____

A non-refundable fee of \$200.00 is payable when service is requested to offset bookkeeping and field work incurred by the City of Maynardville as services are made available.

How will the property be used _____

Will you be using cooking grease at this location _____

What service will you use to dispose of grease(list name and contact info) _____

Date you want service to begin _____

Are you sales tax exempt _____ *(if yes provide tax exemption certificate)*

Owner/Developer Name _____

Contracting Company _____

Main Contact from Contracting Company _____

Service Address _____

Mailing Address _____

City/State/Zip _____

Fed Tax ID # _____

SSN# Applicant _____

SSN# Co-Applicant _____

DL# _____ *(copy of DL required)*

Email _____

Home Phone _____

Cell Phone _____

Work Phone _____

Will you own or rent? Own _____ Rent _____ *(copy of lease required)*

If renting name and phone # of landlord _____

Are you currently or have you ever been a MUD customer? _____

If so, list past address information _____

I hereby make application to the City of Maynardville for water and/or sewer service and agree to pay for such according to prevailing rates.

I understand that all service is subject to the rules and regulations of the City of Maynardville, which may be amended from time to time and that these rules and regulations are part of this agreement.

I represent that neither I, the applicant, nor spouse nor any other resident in the household owes the City of Maynardville a delinquent bill. Any misrepresentation herein shall be grounds for discontinuance of service.

I further agree to pay all indebtedness for services rendered and in the event of a past due account, I shall pay reasonable expenses of collection legal, attorney fees and otherwise.

I hereby acknowledge receipt of information sheet regarding rules and regulations and billing information.

Customer Signature

Date

Co-Applicant Signature

Date