City of Maynardville Application and Agreement for 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 $75.00 is payable when service is requested to offset bookkeeping and field work incurred by the City of Maynardville as services are made available.

Date you want service to begin _____

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

Name_____ Co-Applicant_____

Service Address_____

Mailing Address_____

City/State/Zip_____

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