



**City of Maynardville Application for New Service Address**

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

Account No: \_\_\_\_\_ *(for office use)*

Office Personnel Initials: \_\_\_\_\_

Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Use of Building \_\_\_\_\_

Meter Size: 5/8" \_\_\_\_\_ 1" \_\_\_\_\_ 1 1/2" \_\_\_\_\_ 2" \_\_\_\_\_ Other (specify) \_\_\_\_\_

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 \_\_\_\_\_

GIS number or MAP Parcel number \_\_\_\_\_

Fed Tax ID # \_\_\_\_\_

SSN# Applicant \_\_\_\_\_

SSN# Co-Applicant \_\_\_\_\_

DL# \_\_\_\_\_ *(copy of DL required)*

Email \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Are you currently or have you ever been a MUD customer? \_\_\_\_\_

If so, list past address information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who will be responsible for paying bill while under construction \_\_\_\_\_

Mailing address of responsible party \_\_\_\_\_

Contact information for responsible party \_\_\_\_\_

Will there be a fire line for a sprinkler system \_\_\_\_\_

Will there be a fire hydrant \_\_\_\_\_

Will there be an irrigation tap \_\_\_\_\_

If so, what size meter \_\_\_\_\_

*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.*

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Customer Signature

Date

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Co-Applicant Signature

Date