

ITEMS OF NOTE:

Billing Sent 25th of each Month

Bills Due 10th of each Month

Cut-off 16th of each Month

Garbage Runs each Wednesday

if you do not have a Can, please

call City Hall 731-586-2401

Town of Bruceton

CUSTOMER CONTRACT • RESIDENTIAL SERVICE

Customer Acct. # _____ Date of Service _____

(Office Use Only)

It is the policy of this UTILITY to require that the applicant seeking service be the responsible party residing at the service address. Anyone seeking service who is acting on the behalf of the applicant may be required by the UTILITY to provide the applicant's written verification as well as applicant's identification papers, as required below.

Upon his or her signature of this agreement, the applicant agrees to his or her full financial responsibility of this utility bill and agrees that this utility bill is due by the 10th of each month, or by the 15th of each month with the late charge included. **The applicant shall also understand that if this utility bill has not been paid in full by the 15th of each month, the utility service shall be discontinued until payment is made, unless arrangements have been made otherwise by calling 586-2401.** If your service is disconnect for non-payment, a re-connection fee of \$25 shall be required in addition to the full payment of your utility bill before re-connection will be made.

THIS AGREEMENT, entered into by and between the Bruceton Water & Sewer Department of Bruceton, Tennessee, Carroll County a Utility established and existing under the laws of the State of Tennessee, hereinafter referred to as the "Utility", and the applicant, hereinafter referred to as the "Customer".

Full Legal Name _____

Spouse's Name _____

Name of Other Occupants _____

Street Address (for service) _____

Billing Address (if different) _____

Driver License # _____ *email:* _____

Social Security # _____

Address of Previous Utility Service _____

Phone # of Service Address _____

Phone # of Billing Address _____

Work/Day Pnone # _____

Emergency Phone # of relative NOT at service _____

Relationship _____ Address _____

Applicant is: _____ Owner _____ Renter _____ Other _____

Service Type: _____ Single Family _____ Multi-Family

_____ Home-based Business _____ Other _____

Is there any medical reason that service cannot be interrupted?

_____ If yes, please explain _____

Customer Signature

Date of Application