



# CITY OF ALGOOD

108 E Main St | PO Box 49215 | Algood, TN 38506  
Office: 931.537.9545 | Fax: 931.537-9429



## APPLICATION FOR UTILITY SERVICE

Please Check all that Apply:

TURN ON WATER  NEW WATER TAP  NEW SEWER TAP  1"  3/4  Single Family  Multi-Family

Service Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(if different from Service Address) Apt. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date Service Required: \_\_\_\_\_ Automatic Bank Draft?  Yes  No (Attach Authorization Agreement)

Have you had Service with the City of Algood before? \_\_\_\_\_

If Yes, Previous Address: \_\_\_\_\_

Own Home: \$75 Deposit  Rent Home: \$100 Deposit  Commercial \$150 Deposit

### Customer Information:

Customer Name: \_\_\_\_\_ TN Drivers License # \_\_\_\_\_

SSN#: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Employer: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

### Occupancy Information

Number in Household: \_\_\_\_\_ Name of Landlord: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_

I hereby apply for service at the address indicated above and agree to abide by the rules and regulations governing such service as set forth in the ordinances of the City of Algood and the municipal code of the City of Algood. I hereby grant and convey to the City of Algood the right to come upon my property at any time, and grant to the city an easement or right of way across my property at any and all reasonable locations on my property to make such repairs, replacements or extensions of existing lines as may be necessary.

I hereby agree to abide by Ordinance No. 262A regarding cross-connection. This ordinance regulates the construction of cross-connections affecting the city water supply. The City of Algood is authorized to issue a penalty for violation of the provisions of this ordinance.

Customers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

REC'D BY: \_\_\_\_\_ DATE REC'D: \_\_\_\_\_ Service Order # \_\_\_\_\_ Account # \_\_\_\_\_