

Cross Connection: _____
Paper Work On File _____
INVESTIGATION FORM ATTACHED _____

HUNTSVILLE UTILITY DISTRICT
PO Box 208
Huntsville, Tn 37756

Work Order _____
Attachments Completed: _____

CUSTOMER CONTRACT / APPLICATION

Residential / Commercial Service

NEW SERVICE / SET

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

Whenever an application is made for service and the UTILITY has knowledge of a dispute as to the ownership of the right of occupancy at the service address and one or more of the claimants attempts to prevent such service being furnished, the UTILITY reserves the right to adopt either one of the following two courses:

- a.) Treat the applicant in actual possession of the premises at the service address as being entitled to such service, notwithstanding the rights or claims of other persons;
- b.) Withhold service pending a judicial or other settlement of the rights of the various claimants.

This agreement, entered into by and between HUNTSVILLE UTILITY DISTRICT of Scott 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 "CUSTOMER".

Latitude: _____ **Left off** _____ **Press. Up** _____ **Unlock** _____

Longitude: _____ **Lock Out** _____ **Read Only** _____

Date: _____	Date Completed: _____	Meter No: _____
BAD DEBT PD: \$ _____	Work Done By: _____	ERT No: _____
NON REFUNDABLE	ACCOUNT NUMBER	Check Valve: Y _____ N _____
Owner: \$75.00 _____		Meter Make: _____ SZ: _____
Renter: \$150.00 _____		Reading: _____
Ck _____ Cash _____ CC _____		

Full Legal Name(s): _____

911 Physical Address: _____ City: _____ Tennessee Zip: _____

Billing (if different): _____ City: _____ Tennessee Zip: _____

Email: _____ DL # _____

Cell Phone _____ Home Phone _____

Race: (Please Circle) White: American Indian/Alaskan Native; Asian; Black or African American; Native Hawaii

Ethnicity: (Please Circle) Hispanic or Latino; Not Hispanic or Latino

Is there a medical erason that service cannot be interrupted? _____

**** Written verification from a medical doctor is required before meter can be labeled as non-cut-off**