

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**

**WATER TAP**

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** \_\_\_\_\_

<b>Date:</b> _____	Date Completed: _____	Meter No: _____
<b>BAD DEBT PD: \$</b> _____	Work Done By: _____	ERT No: _____
Owner _____ Renter _____	<b>ACCOUNT NUMBER</b>	Check Valve: Y _____ N _____
Tap Fee: _____		Meter Make: _____ SZ: _____
Connection Fee: _____		Reading: _____
CK _____ Cash _____ CC _____ MO _____		CL2: _____ PSI: _____

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**

*We are an equal opportunity provider & employer*