

APPLICATION FOR UTILITY SERVICE CONNECTION

Metro Utility Department (MUD)
Lynchburg, TN 37352

RESIDENTIAL

Complete the following for all adults residing at service location

Last	First	Middle	Employed By	Driver's License No.	Social Security No.
Last	First	Middle	Employed By	Driver's License No.	Social Security No.

Name By Which Service Will Be Listed

Last	First	Middle	E-Mail Address
Last	First	Middle	Date of Application

911 Service Address	Mailing Address / P.O. Box
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Service: City	State	Zip Code	Mailing City	State	Zip Code
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Are You the Owner? YES <input type="checkbox"/> NO <input type="checkbox"/>	If No, Check Below Lease <input type="checkbox"/> Rent <input type="checkbox"/>	Landlord's Name	Your Date Of Birth	Home/Cell Phone	Work Phone
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Name Of Person Not Residing At This Location Who May Be Contacted In Case Of Emergency

Last	First	Middle	Telephone Number	Relationship
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Conditions of Service

1. Applicant will comply with and be bound by the rules and regulations of the Metro Utility Department (MUD) and by signature below acknowledged having been given the opportunity to review the rules and regulations.
2. Disclosure of falsified application will be reason for discontinuation of service and additional deposit.
3. MUD or its third party collectors will have right to contact the customer's employer for the purpose of collecting unpaid bills. The customer will pay all expenses, including reasonable attorney's fees associated with collection of utility bills.
4. The customer will not be allowed to obtain utility service under a different or new applicant unless all delinquent accounts of the applicant(s) are brought current.
5. The customer may terminate the service obtained under this application by appearing at the office of MUD.
6. Only persons listed on this application will be allowed to arrange disconnection, reconnection, or termination of service.

I have read the above stated conditions of service and request utility service under those conditions.

Applicant(s) Signature(s)	Date	
Applicant(s) Signature(s)	Date	
DEPOSIT Number	AMOUNT	DATE

Acct. # _____

Water TAP Fee \$ _____

Sewer TAP Fee \$ _____

Meter Fee \$ _____

Work Order # _____

Exempt Sales Tax YES NO

Distribution Line _____