

Crab Orchard Utility Water Contract

2089 E 1st St. Crossville, TN 38555
Telephone 931-484-6987, Fax 931-484-2970

Account # _____

Initials _____

Return to: craborchardwater@craborchardutility.com

It is the policy of the 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 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 CRAB ORCHARD UTILITY DISTRICT of Cumberland County, Tennessee, 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":

Full Legal Name(s): _____ Spouse: _____

Street/911 Address (for service): _____ City _____ St. _____ Zip _____

Billing Address (if different): _____ City _____ St. _____ Zip _____

Phone Number of Service Address: () _____ Phone Number of Billing Address (if different) () _____

Driver License Number(s): _____ Spouse: _____

Social Security Number(s): _____ Spouse: _____

Birth Date _____ Spouse: _____

Employer: _____ Spouse Employer: _____

Employer Address: _____ Employer Address: _____

Employer Phone: _____ Employer Phone: _____

Email: _____ Email: _____

Work/Day Phone No. :() _____ Work/Day Phone No.:() _____

Emergency Contact Name of Relative **NOT** at Service Address: _____

Email: _____

Contact Address: _____ City _____ St _____ Zip _____ Phone No.:() _____

Applicant is: ___ Single Family ___ Multi-family ___ Home-based business ___ Commercial/Industrial ___ Other

All applicants requesting the activation of an existing tap, will be charged a non-refundable sum of \$50.00 for owner or \$75.00 for renter, and shall be required to pay the Utility's monthly minimum. Failure to pay said monthly bill shall result in the meter being de-activated.

I have read and accepted a copy of the Crab Orchard Utility Water Contract.

Signature _____ **Date** _____

Print Name: _____ Effective Date: _____