

How would you like to receive your monthly bill? Please circle one
Regular Mail or Email

TOWN OF CUMBERLAND GAP
P.O. BOX 78
CUMBERLAND GAP, TENNESSEE 37724
APPLICATION AND AGREEMENT FOR UTILITY SERVICE

Email Address: _____

Does Applicant Own or Rent the Premises? _____

If renting, state name and phone number of landlord _____

Name of Customer _____ Cut on date _____

Service Address _____ Time _____

Billing Address _____

Former Address _____

Driver License No. _____ Social Security No. _____

Home Phone No. _____ Work Phone No. _____

Type of Service: Water _____ Sewer _____

Previous Customer _____ If Yes, Date _____

Is plumbing complete and ready for service to be turned on? _____

What work is required before service can be turned on? _____

I hereby apply for service as checked above at the address shown and agreed to abide by the rules and regulations governing such service, as set forth by Section 13 of the Municipal Code of the Town of Cumberland Gap. I understand that these rules are available for viewing upon request at Town Hall.

I agree to pay all costs of collection and reasonable attorney's fees on any account placed for collection because of non-payment or late payment beyond terms specified herein or in Section 3 of the Town's Municipal Code.

Signed _____ Date _____

Furthermore, if this application and Agreement for Utility Service is for a tenant renting from a landlord, then pursuant to Ordinance No. 9-1999 to the Town of Cumberland Gap, then the landlord must also execute this Agreement providing that in the event of default of the payment of the bill for Utility Services by the tenant, then the landlord will assume responsibility for the debt.

Landlord

Date

OFFICE USE ONLY

Date of Applications _____

Receipt Number _____

Customer Fee Required \$75.00 non refundable

Tap Fee _____ Size Tap _____

New Location Acct. No. _____

Old Location Acct. No. _____

Date Cut On _____

Date Cut Off _____

Meter Number _____

Meter Number _____

Reading _____

Reading _____

Work Completed By _____

Date _____ Time _____

Application Taken By _____

Application/Service Approved By _____