

FIRST UTILITY DISTRICT of HAWKINS COUNTY

APPLICATION FOR WATER SERVICE



COMPANY _____ DATE _____ CUT ON DATE _____

NAME OF CUSTOMER _____

DRIVERS LICENSE #: _____ STATE: _____ DATE OF BIRTH: _____

CO-APPLICANT NAME _____

DRIVERS LICENSE #: _____ STATE: _____ DATE OF BIRTH: _____

SERVICE ADDRESS _____

BILLING ADDRESS (if different) _____

PHONE # _____ ALTERNATE PHONE # _____

Customer agrees to pay the First Utility District of Hawkins County, in full, for services as detailed in the application. Customer understands that if payment is not received by the due date on monthly billing statements, service may be suspended and late penalties may be assessed accordingly.

CUSTOMER _____ DATE _____

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OFFICE USE ONLY

TYPE OF SERVICE

ACCOUNT #: _____ WATER _____ WATER & SEWER _____

APPLICANT IS: () Owner () Renter

OWNER OF RENTAL PROPERTY _____

OWNER OF RENTAL PROPERTY - PHONE#: _____

SERVICE FEE: _____ TAP FEE: _____ TRANSFER FEE: _____

TRANSFER: NEW ACCT #: _____ OLD ACCT#: _____

TURN-OFF DATE: _____ CUT-OFF DATE: _____