



CITY OF ALGOOD
 P.O. Box 49215, 215 West Main Street
 Algood, TN 38506
 Phone: (931)537-9545 ♦ Fax: (931)537-9429

CONNECT UTILITY WATER SERVICE

Please check all that apply

TURN ON OR TRANSFER WATER NEW SEWER TAP NEW WATER TAP 1" ¾" Single Family Multi-Family

Service Address:

Street: _____ City: _____ Apt # _____ Zip: _____

Billing Address: (If different from service address):

Street: _____ City: _____ State: _____ Apt # _____ Zip: _____

Date Service Required: _____ Automatic Bank Draft? Yes No (Attach Authorization Agreement)

Have you or your co-applicant had service with the City of Algood before? Yes No

If Yes, Previous Address: _____

Non-Refundable Application Fee: Residential: \$45.00 Commercial \$75.00
Connection service charge: Ten dollars (\$10) shall be collected for each service connection during the hours of 8:00 am to 3:00 pm
 Twenty dollars (\$20) for all service connections after 3:00 P.M. Ordinance 627-18

Applicant's Name: _____ Driver's License # _____

SSN: _____ Birth Date: _____ Phone # _____ Cell # _____

Co-Applicant's Name: _____ Driver's License # _____

SSN: _____ Birth Date: _____ Phone # _____ Cell # _____

PLEASE READ THE FOLLOWING AND SIGN:

I hereby apply for service at the address indicated above and agree to abide by the rules and regulations governing such service as set forth in the ordinances of the City of Algood and the municipal code of the City of Algood.

I hereby grant and convey to the City of Algood the right to come upon my property at any time, and grant to the city an easement or right of way across my property at any and all reasonable locations on my property to make such repairs, replacements or extensions of existing lines as may be necessary

The City of Algood is not liable for damages due to connection of any Utility service.

I hereby agree to abide by Ordinance No. 577-14 regarding cross-connection. This ordinance regulates the construction of cross-connections affecting the city water supply. The City of Algood is authorized to issue a penalty for violation of the provisions of this ordinance.

I understand that any unpaid amounts could be transferred to this account and/or any active service I have could be disconnected for any unpaid bills. I understand that all applicants on this application are jointly and severally liable for all utility charges on this account. I understand that if I move or no longer want to be responsible for the charges on this account, it is my responsibility to remove my name or terminate the service. I understand once my account is terminated there will be a final bill and that I'm responsibility for the final bill. I understand if the bill is not paid and the balance due has to be sent to an outside agency for collection. I will be responsible for collection fees, attorney fees, court costs, etc.

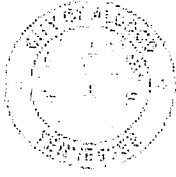
I understand that I may dispute any aspect of my bill at Algood City Hall during normal business hours.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES. I HEREBY AGREE TO THE TERMS & CONDITIONS OUTLINED ABOVE:

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Completed By: _____ Date Completed: _____ Service Order# _____ Account # _____



ServLine Protection Program Leak Loss Protection Program

The City of Algood offers protection against costly service bills caused by unexpected leaks. In the event of a costly water or sewer bill caused by a high-water usage due to a qualifying leak or line break, the City of Algood's leak loss protection program covers the costly utility bill once the active cause of the leak has been repaired. This is the only leak protection City of Algood offers to customers and you may opt-in or opt-out at any time, with exception to a 30 day wait period. Please see the ServLine Protection brochure for costs and information.

Please check one:

- I choose to **ACCEPT** ServLine protection at this time.
- I choose to **DECLINE** ServLine Protection at this time.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____