Clinton Utilities Board

1001 Charles G. Seivers Blvd.
P. O. Box 296
Clinton, TN 37717
Phone (865) 457-9232 Fax (865) 220-6292
www.clintonub.com

Application for utility service (Individual):

Please complete the following application to establish service.

> Your social security number is required by Clinton Utilities Board (the "Board") in order to activate your account and commence service, and the SSN may be used by the Board for collection purposes if your account becomes delinquent. Under the Tennessee Public Records Act, social security numbers are designated as confidential, and as such the Board cannot release your number to any person or entity.

The undersigned requests Clinton Utilities Board (the "Board") to supply service (which shall include any and all utility services provided now or in the future by the Board at any location as the undersigned hereby requests or may hereafter request or receive from the Board), and agrees to receive and pay for all service rendered or reserved for use of the undersigned when bills are rendered therefore in accordance with the rates, rules and regulations of the Board in effect at the time the service is rendered. The undersigned acknowledges that from time to time the rates, rules and regulations of the Board may be altered, amended or repealed by the Board in its sole discretion and no such alteration, amendment or repeal shall affect the undersigned's obligations hereunder. It is agreed that the Board may require, as security for payment of bills, a cash deposit of such amounts as it may deem adequate. The undersigned agrees to abide by and be subject to the rules and regulations of the Board relating to all service rendered pursuant to this contract. The undersigned agrees to be responsible for any and all collection fees associated with the collection of delinquent bills, which may amount to 35% of the total amount of delinquent bills, in addition to reasonable attorney fees and court costs. The undersigned acknowledges that the undersigned has read and understands the above and is in agreement with each of the terms of this contract.

Your application will be processed immediately unless you specify a different effective date.

[*Please note effective date of service* _____]

(Please Print)

Applicant Name _____
First Middle Last

Service For: ☐ House ☐ Apt. ☐ Mobile Home ☐ Barn ☐ Garage ☐ Other _____
Code: (22) (22) (22) (40) (40)

The applicant certifies that the utility services being applied for ☐ **are** ☐ **are <u>not</u>** *for business purposes and/or property for rental engagements of less than ninety (90) days.*

Service Address _____
Street / Apt.# City

Billing Address *(if different from service address)* _____

_____

Social Security # _____ Drivers License # _____

Spouse's Name _____ Spouse's SS# _____

Home Phone # _____ Work or Cell Phone # _____

Applicant Signature _____ Date _____