

CITY OF MILLINGTON WATER & CITY SERVICES APPLICATION

PLEASE PRINT NEATLY

SSN # _____ Driver License # _____ State _____

Applicant Last Name _____ First _____ Middle initial _____ / / Date of Birth _____ Telephone number _____

Service address _____

Mailing Address (if different from service address) _____ City _____ State _____ Zip Code _____

Email Address _____ Co-Applicant Email Address _____

Employer _____ Address _____ Phone _____

Co-Applicant _____ Employer _____ Phone _____

Services being provided: Water Sewer Sanitation Extra Cart Stormwater

Help keep Millington census data current by listing names and ages of all individuals residing at the service address.
Last Name _____ First Name _____ Age _____ Sex _____

Do you own? rent? other? Documentation _____

Landlord/property owner _____

Address _____ Phone _____

SERVICE CONTRACT

The undersigned Customer hereby applies for city provided utility services and agrees to pay for such services in accordance with applicable rates and charges established by the City of Millington until utility services are discontinued either at the request of the Customer or because of the Customer's failure to comply with this agreement. The Customer understands that all amounts billed by the City's Water, Sewer, Stormwater and Sanitation Departments are due and payable upon receipt of the bill. However, failure to receive a bill does not relieve the Customer of the obligation to pay for the services rendered. Failure to pay entire bill may result in water service being disconnected. The Customer assumes responsibility for utility services provided by the City beginning on the connection date and ending on the service termination date.

The Customer agrees to allow the City's employees and agents' right of access to the premises to which utility services are provided at all reasonable times for purposes related to the provision of utility services.

The Customer hereby releases and holds harmless the City, its officers, employees and agents, from all liability for damage or loss resulting from a cutoff or loss of services on account of the Customer's failure to pay each bill by its due date, or from Customer's failure to be present at the time of re-connection of utility services, when re-connection has been requested by the Customer.

This agreement shall apply to the original address of the Customer and to all future addresses of the Customer to which utility services is transferred. The Customer will be responsible to pay any expenses incurred by the City as a result of Customer's default under this agreement or in collecting amounts due from the Customer including the City's reasonable attorney fees.

The undersigned Customer warrants and represents that the information submitted to the City in this application and agreement is true and correct.

Applicant's Signature _____ Co-Applicant's Signature _____

Received from customer: Deposit \$ _____ Connection Fee \$ _____ Date Signed _____

Service Begins _____ / _____ / _____	Account # _____
Cashier: _____	Prior A/C # _____