TOWN OF BYRDSTOWN
WATER & SEWER DEPARTMENT
109 West Main St. P.O. Box 325
Byrdstown, TN 38549
PH: 931-864-6215 FAX: 931-864-6120

APPLICATION FOR WATER SERVICE

NAME OF CUSTOMER: ______________________ TODAY'S DATE: __________

SERVICE ADDRESS: ____

BILLING ADDRESS: ____

PHONE NUMBER: ________________ FAX NUMBER: ________________

MOVING TO: ______________________ DATE TO START SERVICE: __________

TYPE OF SERVICE (CHECK ONE):

WATER ONLY ____ INSIDE TOWN ____

WATER & SEWER ____ OUTSIDE TOWN ____

USED FOR (CHECK ONE):

RESIDENTIAL ____ COMMERCIAL ____

INDUSTRIAL ____ OTHER ________

I HEREBY APPLY FOR SERVICE AS CHECKED ABOVE AT THE ADDRESS SHOWN ABOVE AND AGREE TO ABIDE BY ALL OF THE RULES AND REGULATIONS GOVERNING SUCH SERVICE AS WRITTEN IN THE TOWN OF BYRDSTOWN'S WATER AND SEWER POLICY. (COPY PROVIDED UPON REQUEST) I AFFIRM THAT THE INFORMATION PROVIDED BY ME AS WRITTEN ABOVE IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT **ALL HOOK-UP FEES PAID TO START SERVICE ARE NON-REFUNDABLE**.

SIGNED: ______________________________ TODAY'S DATE: __________
PROPERTY OWNER/LESSEE/AUTHORIZED AGENT

ΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦ

THIS SECTION FOR WATER DEPARTMENT USE ONLY:

HOOK-UP FEE REQUIRED: $______________ DATE TURNED ON: ______________

READING: ______________________ METER SERIAL #: ______________

TOTAL AMOUNT PAID: $______________

DATE PAID: _____ / _____ / _____

CASH $____________

CHECK $____________ CHECK # _______

RECEIPT BOOK #: ____________