SERVICE WILL NOT BE CONNECTED UNLESS THIS FORM IS FILLED OUT COMPLETELY

CITY OF ADAMSVILLE UTILITIES APPLICATION FOR SERVICE

Acct. # _____

Name: _____ 2nd: _____
Last First Middle Initial Last First

Service Address: _____

Billing Address: _____

Phone Number: _____ Home Owner: _____

Driver's License: _____ 2nd: _____

Social Security #: _____ 2nd: _____

E-mail address: _____ Cell Phone #: _____

Employer Name & Address: _____

2nd: _____

Have you had service with Adamsville Utilities before? _____Yes _____ No

Where did you last have utility service? _____

If you are inside city limits you need to register your dogs. # of dogs _____ Registration #/#'s _____**NO PITBULLS ALLOWED**!

Would you like to participate in our curbside recycling program? ____ Would you like to Participate in the Round up Program: ____ Yes ____ No

Classification: Residential House ____ Apartment ____ Mobile Home ____ Farm ____ Commercial ____ Industrial ____ Camper Lot ____

Do you have natural gas operated: Heat 25,000-55,000 BTU_____ Air Conditioning 95,000-125,000 BTU _____ Range 20,000-35,000 BTU ____
Water Heater 30,000 BTU _____ Tankless Water Heater 199,000 BTU ____ Gas Grill 30,000 BTU _____

In case of emergency notify: _____ Phone #: _____

Is plumbing complete and ready for water or natural gas to be turned on? _____

Do you have a building permit? _____ Is anyone in household on Respirator/Kidney Machine? _____

I hereby apply for service as checked above at the address shown and agree to abide by the rules and regulations governing such service listed on the reverse side of this sheet.

Signed: _____ Approved: _____
Property Owner or Lessee Date Authorized City Employee Date

Signed: _____
Date

The City of Adamsville does not discriminate based on race, color, or national origin pursuant to Title VI of the Civil Rights Act of 1964 (42USC).

FOR UTILITY DEPARTMENT USE:

Water Service Charge: _____ Gas Service Charge: _____ Check if You Give out Gas Form _____

Tap Fees Paid: Water _____ Sewer _____ Gas _____

Property Location: _____

County _____ City _____

Turn On: Water _____ Reading _____ S/N _____ ID # _____

Gas _____ Reading _____ S/N _____ ID # _____

Type Service: Gas _____ Water _____ Sewer _____ Garbage _____

Inside City _____ Outside City _____

Residential _____ Commercial _____ Industrial _____