

**SERVICE WILL NOT BE CONNECTED UNLESS THIS FORM IS FILLED OUT COMPLETELY**  
**CITY OF ADAMSVILLE UTILITIES APPLICATION FOR SERVICE**

Acct. # \_\_\_\_\_

Name: \_\_\_\_\_  
 Last First Middle Initial 2<sup>nd</sup>:

Service Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Home Owner: \_\_\_\_\_

Driver's License: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_

Social Security #: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

2<sup>nd</sup>: \_\_\_\_\_

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!**

Your Bank Name: \_\_\_\_\_ Would you like to Participate in the Round up Program: \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Would you like to participate in our curbside recycling program? \_\_\_\_\_

Do you have natural gas operated: Heat \_\_\_\_\_ Air Conditioning \_\_\_\_\_ Range \_\_\_\_\_ Water Heater \_\_\_\_\_ Gas Grill \_\_\_\_\_

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? \_\_\_\_\_ Do you have sewer approval? \_\_\_\_\_

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: \_\_\_\_\_ Date \_\_\_\_\_ Approved: \_\_\_\_\_ Date \_\_\_\_\_  
 Property Owner or Lessee Authorized City Employee

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: \_\_\_\_\_ Receipt # \_\_\_\_\_

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 \_\_\_\_\_