

Requested Start Date

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

#### Email: cservice@clintonub.com

## Application for utility service (Individual):

### Complete the application include photo identification, lease/ownership documents

#### NOTICE

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acknowledges that from time to time the rates, rules and regulations of the Board may be altered, amended or repealed by the Board in its sole discretion and no such alteration, amendment or repeal shall affect the undersigned's obligations hereunder.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 agrees, in order for their account to be serviced or to collect any amounts owed, the Board or any authorized agent of the Board, including a third-party collection agency, may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. The Board or its authorized agents may also contact the undersigned by sending text messages or emails, using any email address you provide us. Methods of contact may include using prerecorded or artificial voice messages and/or the use of an automatic dialing device, as applicable. The undersigned acknowledges that the undersigned has read and understands the above and is in agreement with each of the terms of this contract.

# ↓ PLEASE COMPLETE INFORMATION BELOW THIS LINE ONLY

FOR OFFICE USE ONLY					
Location ID					
Customer ID					
Rules and Regulations Paper Copy  Received Declined Online/Fax/ M					
Utility Rates Paper Copy  Received Declined Online/Fax/M					
DEPOSIT \$					
□ New □ On File □ Flex □ CWP Conf #					
Hold $\Box N \Box Y$ Auto-Setback $\Box N \Box Y$					
Transfer from DNA Online utility check Existing Prior CSR					

				Are You the Property Owner?		
The applicant certifies tha purposes and/or property	□Yes □No					
(Please Print) Applicant Name			If No, who is the Property Owner /Manager and Phone Number			
Service Address						
_	Street / Ap		City			
Services Requested:	Electric 🗆 Wate	r 🗆 Sewer	Outdoor Security Light(s)	Sign up for Electronic Billing?		
Service For: House Code: (22)	Apt. Mobile 1 (22) (22)	Home Barn (40)	Garage Other	□Yes □No		
Billing Address (if different j	from service address)					
Fmail				Scanned Documents:		
	·			ID		
Social Security # Driver's License #				Proof of Address		
Primary phone #		Second	ary #	Deposit or Flex		
Spouse's Name		Spo	uses SS#	Application		
				Electronic Billing Keyed		
Applicant Signature			Date			