

**LBC Utility District**  
**APPLICATION FOR SERVICE/CONTRACT**  
**PO BOX 27**  
**LUTTRELL TN 37779**

It is the policy of LBC UTILITY to require that the applicant seeking service be the responsible party residing at the service address. Anyone seeking service who is acting on the applicant's behalf may be required by the UTILITY to provide the applicant's written Verification as well as applicant's identification papers, as required below.

Whenever an application is made for service and the UTILITY has knowledge of a dispute as to the ownership of the right of Occupancy at the service address, and one or more of the claimants attempts to prevent such service being furnished, the UTILITY Reserves the right to adopt either one of the following two courses:

- A-Treat the applicant in actual possession of the premises at the service address as being entitled to such service, notwithstanding The rights or claims of other persons:
- B-Withhold service pending a judicial or other settlement of the rights of the various claimants.

THIS AGREEMENT, entered into by and between LBC Utility DISTRICT of Union County, Tennessee, a UTILITY established and Existing under the laws of the State of Tennessee, hereinafter referred to as the "UTILITY", and the applicant, hereinafter referred to as "Customer".

Applicant Name: \_\_\_\_\_ Spouse \_\_\_\_\_

Street/911 address (for service) \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Billing address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency: Contact Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Check one: Applicant is: Owner \_\_\_\_\_ Renter \_\_\_\_\_

Check one: Service Type Single Family \_\_\_\_\_ Multi-family \_\_\_\_\_ Business \_\_\_\_\_ Tax Exempt \_\_\_\_\_ (Provide Certificate)

Is there any medical reason that service cannot be interrupted? (yes) \_\_\_\_\_ (No) \_\_\_\_\_

(Written verification from a medical doctor is required before meter can be labeled as non-cut-off. The water bill is still Required to be paid in full, but notification will be made prior to disconnect.)

Racial/Ethnic Heritage (Please Check One)

Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific \_\_\_\_\_ American Indian/Eskimo \_\_\_\_\_ Other \_\_\_\_\_

The meters will be read at the end of each month. Bills will be mailed to customers around the 23<sup>rd</sup> of each month. Bills can be Paid without penalty until the 10<sup>th</sup> of each month, after the 10<sup>th</sup> a 10% penalty will be added to the bill. Accounts not paid in full by The 20<sup>th</sup> of each month shall be subject to be discontinued (cutoff) without additional notice. The bill must be paid "IN FULL", plus a Fee of \$25 will be charged for reconnection during normal business hours and \$50 after business hours.

All applicants requesting the installation of a new tap or the activation of an existing tap, not previously activated shall be required To pay the utilities monthly minimum bill for a period of 1 year. Failure to pay said monthly bill for a period of (3) months may result in the tap being de-activated to the property and water being no longer available to said property until a new tap fee is paid at the current rate charge by the utility.  
**(SERVICES CHARGES ARE NON-REFUNDABLE)**

FEES PD: TAP FEE \_\_\_\_\_ SERVICE CHARGE \_\_\_\_\_ TOTAL COLLECTED \_\_\_\_\_ DATE \_\_\_\_\_

PAYMENT TYPE: CHECK# \_\_\_\_\_ CASH \_\_\_\_\_ OTHER \_\_\_\_\_

ACCOUNT# \_\_\_\_\_ SERIAL# \_\_\_\_\_ MOD# \_\_\_\_\_

READING \_\_\_\_\_

**PLEASE SIGN:** \_\_\_\_\_

**LBC UTILITY IS AN EQUAL OPPORTUNITY EMPLOYER**