



# Water & Sewer Department

## Application for Utility Service Business

### FOR OFFICE USE ONLY

ACCOUNT NUMBER \_\_\_\_\_ CONNECTION DATE \_\_\_\_\_

BUSINESS OWNER: PROOF OF OWNERSHIP

RENTER: DEPOSIT CARD # \_\_\_\_\_ DEPOSIT AMOUNT \$ \_\_\_\_\_

CONNECTION FEE: FULL  \$100.00 TEMP  \$100.00 (LANDLORD ONLY)

OWNER  RENTER  REQUESTED CONNECTION DATE: \_\_\_\_\_

### SERVICE ADDRESS INFORMATION

ADDRESS: \_\_\_\_\_

IF RENTAL, OWNER/LANDLORD/MANAGER OF SERVICE ADDRESS: \_\_\_\_\_

### APPLICANT

NAME OF BUSINESS: \_\_\_\_\_

TAX ID# \_\_\_\_\_ - \_\_\_\_\_

\*MAILING ADDRESS (IF DIFFERENT THAN SERVICE ADDRESS): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

### BUSINESS OFFICERS

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

### EMERGENCY CONTACT

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

### CONDITIONS OF SERVICE

1. Applicant will comply with and be bound by the rules and regulations of Manchester Water & Sewer Department (MWD) and by signature below will acknowledge this compliance.
2. Disclosure of falsified application will be reason of discontinuation of service and a deposit could be required for continuing service.
3. MWD or its third party collectors will have the right to contact the customer's employer for the purpose of collecting unpaid bills. The customer will pay all expenses, including reasonable attorney's fees, associated with the collection of utility bills.
4. The customer will not be allowed to obtain utility service unless all delinquent accounts of the applicant(s) are brought current.
5. The customer must terminate services by notifying MWD in person and sign a disconnect form.
6. Only persons listed on the application will be allowed to arrange disconnection, reconnection, or termination of service.
7. I understand that payment is due in full upon receipt of this statement, that all legal methods may be employed to collect any amount due and that failure to make payment when due can result in the account being turned over for collection. I further agree to pay interest and all costs of collection, including a reasonable attorney's fee.

I, \_\_\_\_\_, hereby apply for utility services from Manchester Water & Sewer Department in Manchester, Tennessee. I agree to pay for all services rendered until I terminate service. All information in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
BUSINESS OFFICER'S SIGNATURE

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
DATE

Please bring completed form to the MWD billing office or email it to

200 West Fort St.  
Manchester, TN 37355

[mwdbilling@cityofmanchestertn.gov](mailto:mwdbilling@cityofmanchestertn.gov)

Phone: 931.728.4652

**MANCHESTER WATER DEPARTMENT ♦ CROSS CONNECTION CONTROL SURVEY**

A cross-connection is any actual or potential physical connection between a public water system or the consumer's system and any source of non-potable liquid, solid, or gas that could contaminate the potable water supply.

Property Type: Residential  Commercial  Industrial

Occupancy: Own  Rent

This meter serves: Homes \_\_\_\_\_ Buildings \_\_\_\_\_ (how many)

Do you have or use any of the following: ( Please check all that apply)

- Hot Tub  Swimming Pool  Jacuzzi/Hot tub
- Solar System  Underground Sprinkler System  Ghost Pipes (unidentified piping)
- Darkroom  Drip or Soaker Irrigation  Fire Sprinkler System
- Waterbed  Hose attached Insecticide Sprayers
- Drip irrigation  Utility Sink w/ threaded faucet
- Portable Dialysis Machine  Antifreeze Flush Kit

Do you have a bathtub that fills from bottom? (not a normal tub faucet) Yes  No

Do you have a water softener or any form of extra water treatment? Yes  No

Do you have an auxiliary water supply on premises? (well, etc.) Yes  No

Do you have a booster pump, well pump or any other type of water pump? Yes  No

Do you have live stock and use a water trough? Yes  No

Does a creek, river or spring run on or through your property? Yes  No

If yes, do you pump or draw water from this source? Yes  No

Do you receive irrigation water from another source? Yes  No

Do you have a backflow preventer on your property now? Yes  No

Do you have any situation that you are aware of that could create a cross-connection? Yes  No

Do you have any other water using equipment on your property not mentioned above? Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

STREET ADDRESS CITY STATE ZIP CODE

Property Address: \_\_\_\_\_

STREET ADDRESS CITY STATE ZIP CODE

*Thank you for working with us to protect our drinking water.*

**For more information on Cross-Connections call the City of Manchester Cross-Connection Control Office**

(931) 728-4652 ext. 2006