



Water & Sewer Department

Application for Utility Service Business

FOR OFFICE USE ONLY

ACCOUNT NUMBER _____	CONNECTION DATE _____
BUSINESS OWNER: PROOF OF OWNERSHIP <input type="checkbox"/>	
RENTER: DEPOSIT CARD # _____	DEPOSIT AMOUNT \$ _____
CONNECTION FEE: FULL <input type="checkbox"/> \$35.00 TEMP <input type="checkbox"/> \$15.00 (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.com

Phone: 931.728.4652
 Fax: 931.728.8244

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 at (931) 728-4652 ext. 2018 or (931) 728-1273