



2215 Madison Street
Clarksville, TN 37043

Ph. (931) 645-7400
www.clarksvillegw.com

OFFICE USE ONLY	
Account # _____	CIS # _____
Today's Date _____	Mailing Sequence # _____

COMMERCIAL UTILITY SERVICE APPLICATION

Date of Application _____ Date Service Requested _____ Gas ___ Water ___ AM ___ PM ___

Name of Business _____ Mail Utility Bill To _____

Doing Business As _____

Service Address _____

Email Address _____

Office Phone Number _____ Additional Phone Number _____

Federal ID (EIN) Number _____

Is your business considered to be a: Corporation _____ Sole Proprietorship _____ Partnership _____

Is your Company/Business Tax Exempt? No ___ Yes ___ *If yes please provide Tax Exempt Certificate*

Business Contact Name _____ Phone Number _____

Additional Individuals listed will be granted access to make changes and inquire information on this account:

Name/Title	E-Mail Address	Phone Number	Last 4 of Social

1. I apply to the Clarksville Gas & Water Department, Clarksville, TN (referred to as the Department), for gas and/or water service at the location given, or any other location given, or any other location or premises occupied or designed, if said location is on or connected with Department existing distribution lines of character suitable for service. I agree to comply with, and be bound by the standard rates, rules and regulations as it may from time to time adopt or establish. I understand that copies of those, as changed from time to time may be seen during business hours at the office of the Department.
2. I permit authorized Department agents free access to my premises for the purpose of inspecting, reading, repairing or removing Department property.
3. I agree for the Department and its third party collectors to contact my employer and supervisor for the purpose of collecting delinquent bills. I agree for my employer and supervisor to provide my forwarding address and any information requested by the Department for the purpose of collecting delinquent bills. Appropriate legal action will be taken to collect unpaid bills. False information may result in discontinuation of service.
4. In accordance with City Ordinance 13-313, Clarksville Gas & Water has the right, in the event that this account is turned over to a collection agency for payment, to recover all costs of collection for delinquent accounts including attorney fees.
5. In the event I am not at the premise for turn on of services, additional trips are subject to additional service fees for each service provided.

Applicant's Identification Information

Applicant's Name _____ Social Security # _____
(Voluntary)

Driver's License # _____ DOB _____ Phone Number _____

Applicant Signature Date

WOULD YOU LIKE TO PAY BY BANK DRAFT? *(Void Check Needed)* YES _____ NO _____