



2215 Madison Street
Clarksville, TN 37043

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

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

RESIDENTIAL UTILITY SERVICE APPLICATION

Clarksville Gas & Water reserves the right to withhold service until information is verified.

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

Name _____ SSN _____
(VOLUNTARY UNLESS CREDIT CHECK IS RAN)

Driver License _____ DOB _____ Phone _____
(STATE / NUMBER)

Email Address _____

Cotenant Name _____ SSN _____
(VOLUNTARY)

Email Address _____ Phone _____

Service Address _____

City _____ ST _____ ZIP _____

Mailing Address _____

City _____ ST _____ ZIP _____

Place of Employment _____ Work Phone _____

Military Unit Address _____

Service with us before and location: _____

Buying _____ Renting From _____

Emergency Contact _____ Relationship _____
(AT DIFFERENT LOCATION)

Address _____ Home Phone _____ Cell _____

City _____ ST _____ ZIP _____

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. Security deposits and applicable service fees will apply.
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.

I _____ Request that Clarksville Gas & Water run a credit inquiry to determine the amount of the
(PRINT NAME)

required security deposit. I understand there is a charge of \$6.00 for the credit inquiry that will either be paid up front or added to my first monthly statement depending on the deposit requirement.

Applicant Signature *(For Credit Check Only)*

I have read and understand the above Statements and policies and have been advised of my billing dates.

Applicant Signature _____ Date _____

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