

Town of Mosheim Water District

1000 Main Street

Mosheim, TN 37818

423-422-4051

Customer Account Number# _____

Date : _____

New On: _____ Change Address: _____ Bill & Pull: _____

It is the policy of the UTILITY to require that the applicant seeking service be the responsible party residing at the service address. I hereby agree to the rules and regulations of the Water Commission and of the Town of Mosheim. I also agree that the meter will remain accessible to the Water Department employees at all times. The meter cannot be obstructed or fenced in without providing a gate for accessibility. **ALL SERVICES REQUIRED TO HAVE A PRESSURE REDUCER.**

Type of Service Requested: Residential _____ Commercial _____

Full Legal Name: _____

Street Address (for service) _____

Billing Address (if different) _____

Social Security (only last 4 digits) # _____ Drivers License # _____

Telephone # _____ Employer: _____

Emergency Contact: _____ Phone: _____

Applicant is: Owner: _____ Renter: _____ Other: _____

SIGNATURE OF APPLICANT: _____

Transfer Fee \$ _____

Cut-on Date: _____

Reading: _____

Cut off Date: _____

Chlorine: _____

New Tap Fee \$ _____

Do you have an existing source of water: Yes _____ No _____ If yes, then a well user agreement needs to be filled out.

___ * Pamplet given on the Cross-Connection