

**APPLICATION FOR SERVICE WITH COOKEVILLE UTILITY DEPARTMENT  
(BUSINESS APPLICATION)**

TODAY'S DATE: \_\_\_\_\_

CHECK SERVICES YOU ARE APPLYING FOR:

ELECTRIC [ ] WATER [ ] GAS [ ] OUTSIDE LIGHTS [ ] SANITATION/DUMPSTER PICK-UP [ ]

PLEASE PRINT

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

DO YOU HAVE YOUR BUSINESS LICENSE? YES [ ] NO [ ]

IS YOUR BUSINESS ZONED PROPERLY FOR THIS ADDRESS? YES [ ] NO [ ]

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

**APPLICANTS NAME:** \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PHONE# \_\_\_\_\_ PROVIDER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**CO-APPLICANTS NAME:** \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PHONE# \_\_\_\_\_ PROVIDER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DATE TO CUT ON SERVICE: \_\_\_\_\_ MAILING ADDRESS: (IF DIFFERENT FROM SERVICE ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY			
APPLICATION FEE	ELECTRIC	WATER	GAS
ACCOUNT #			

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DO YOU HAVE ANY UTILITY SERVICE THAT NEEDS TO BE DISCONNECTED TODAY OR IN THE FUTURE?

YES [ ] NO [ ]

THE CITY OF COOKEVILLE IS NOT LIABLE FOR DAMAGES DUE TO CONNECTION OF ANY UTILITY SERVICE.

**\*\*\*\*\*PLEASE READ AND INITIAL ALL STATEMENTS BELOW\*\*\*\*\***

\_\_\_\_\_ IT IS THE CITY'S POLICY TO REQUIRE ALL RESPONSIBLE OCCUPANTS TO SIGN THIS APPLICATION AND HAVE THEIR IDENTIFICATION VERIFIED WITHIN 14 DAYS OF SERVICE ACTIVATION. IF THAT REQUIREMENT HAS NOT BEEN FULFILLED BY THE END OF THE 14 DAYS, I UNDERSTAND A NOTICE WILL BE GIVEN AND SERVICE WILL BE DISCONNECTED.

\_\_\_\_\_ I WILL BE RESPONSIBLE FOR PAYING ANY ADDITIONAL CHARGES IF THE ADDRESS I HAVE LISTED ON THE APPLICATION IS INCORRECT.

\_\_\_\_\_ I AUTHORIZE THE CITY OF COOKEVILLE TO RELEASE MY UTILITY USAGE/CONSUMPTION HISTORY TO THE OWNER OF THIS PROPERTY.

\_\_\_\_\_ I UNDERSTAND ANY UNPAID AMOUNTS COULD BE TRANSFERRED TO THIS ACCOUNT AND/OR ANY ACTIVE SERVICE I HAVE COULD BE DISCONNECTED FOR ANY UNPAID BILLS I HAVE.

\_\_\_\_\_ I WILL BE RESPONSIBLE FOR THE UTILITY CHARGES ON THIS ACCOUNT UNTIL I REMOVE MY NAME OR TERMINATE THE SERVICE.

\_\_\_\_\_ I UNDERSTAND ALL APPLICANTS ARE JOINTLY AND SEVERALLY LIABLE FOR ALL UTILITY CHARGES ON THIS ACCOUNT.

\_\_\_\_\_ I ACKNOWLEDGE I RECEIVED THE POLICY FOR DELINQUENT ACCOUNTS AND TERMINATIONS OF UTILITY SERVICE AND IT IS MY RESPONSIBILITY TO READ THE POLICY.

\_\_\_\_\_ THE UNDERSIGNED INDIVIDUAL(S) PERSONALLY GUARANTEES PAYMENT FOR ALL INDEBTEDNESS TO THE CITY OF COOKEVILLE IN THE EVENT OF DEFAULT BY THE BUSINESS, CORPORATION OR COMPANY.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES. I HEREBY AGREE TO THE TERMS & CONDITIONS OUTLINED ABOVE:

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_