



City of Kingsport Water Bill Application

SECTION A: LOCATION FOR WHICH YOU ARE REQUESTING SERVICE

Applicant Name : _____
(Last) (First) (M.I.)

Co-applicant Name: _____
(Last) (First) (M.I.)

Service Address: _____
(Street Number) (Street Name) (Apt or Unit #)

(City) (State) (ZIP)

Date to begin service : _____ **Phone:** _____
(Day of week, date)

SECTION B- MAILING ADDRESS & PHONE NUMBER FOR BILLING

Name : _____
(Last) (First) (M.I.)

Mailing Address: _____
(Street Number) (Street Name) (Apt or Unit #)

(City) (State) (ZIP)

Phone: _____ **Email:** _____

SECTION C- LOCATION OF CURRENT SERVICES

Name : _____
(Last) (First) (M.I.)

Service Address: _____
(Street Number) (Street Name) (Apt or Unit #)

(City) (State) (ZIP)

SECTION D: CUSTOMER ACKNOWLEDGEMENT & SIGNATURE

Service Fees and Tap Fees cannot be refunded or transferred to other service locations. If you have requested service requiring a tap fee, your account becomes active for billing purposes when the meter is set. All active accounts receive at least a minimum bill regardless of usage. Water Taps will be installed within 15 working days.

Signature

OFFICE USE ONLY

Inside City

Outside City

SERVICE FEE - INSIDE _____
DEPOSIT FEE - INSIDE _____
TAP FEE - INSIDE _____
TOTAL FEES - OUTSIDE _____

SERVICE FEE - OUTSIDE _____
DEPOSIT FEE - OUTSIDE _____
TAP FEE - OUTSIDE _____
TOTAL FEES - OUTSIDE _____

Customer # _____

New Location # _____

Current Location # _____

Meter Size _____

Cycle/Route _____

Purchase Order _____

Inside City New Construction Only

(Lot)

(Block)

(Subdivision)

(Bulding Permit #)

Applicant Indentification & Other Information

CSC Representative

Date