

Water contract for  
East Montgomery Utility District  
5195 Highway 41-A S Clarksville, TN 37043  
Phone: (931) 368-1921 1-877-428-1921

[info@emud.us](mailto:info@emud.us)



Date: \_\_\_\_\_

Date Service Requested: \_\_\_\_\_

It is the policy of the UTILITY to require that the applicant seeking service be the party responsible for residing at the service address. Anyone seeking service who is acting on the applicant's behalf may be required by the UTILITY to provide the applicant's written verification as well as applicant's identification papers, as required below.

Whenever an application is made for service and the UTILITY has knowledge of a dispute as to the ownership of the right of occupancy at the service address, and one or more of the claimants attempts to prevent such service being furnished, the UTILITY reserves the right to adopt either one of the following two courses.

- a) Treat the applicant in actual possession of the premises at the service address as being entitled to such service notwithstanding the rights or claims of the other persons.
- b) Withhold service pending a judicial or other settlement of the rights of the various claimants. THIS AGREEMENT entered and between East Montgomery Utility District of Montgomery County, Tennessee, a UTILITY established and existing under the laws of the State of Tennessee, hereinafter referred to as the "UTILITY" and the applicant, hereinafter referred to as the "CUSTOMER".

Full legal name: \_\_\_\_\_

Street/911 Address (for service): \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Email: \_\_\_\_\_ DOB, DL#, SSN: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ DOB, DL#, SSN: \_\_\_\_\_

Spouse's employer: \_\_\_\_\_ Spouse's #: \_\_\_\_\_

The emergency contact is not at the SVC address; Name: \_\_\_\_\_ Ph #: \_\_\_\_\_

The applicant is: \_\_\_\_\_ Owner \_\_\_\_\_ Renter \_\_\_\_\_ Other

If you rent, from whom? Name: \_\_\_\_\_ Ph #: \_\_\_\_\_

Have you had service with us before? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

If yes, which address: \_\_\_\_\_

Type of service: \_\_\_\_\_ Single Family \_\_\_\_\_ Multi-Family \_\_\_\_\_ Other

Effective 07/01/2019: In case of default of payment, the customer or responsible party agrees to pay a \$20 collection fee, such fee to be added and collected by the collection agency. In the case of court action, the customer or party responsible for any court cost, serving fees, or attorney fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Account #: \_\_\_\_\_

"This institution is an equal opportunity provider and employer"