

JO

Town of Chapel Hill

4650 Nashville Highway P.O. Box 157 Chapel Hill, TN 37034 Phone (931)364-7632

Fax (931)364-3436

UTILITY SERVICE APPLICATION

WATER/GARBAGE/SEWER SERVICES

NAME	DATE OF BIRTH/
SERVICE ADDRESS:	ACTIVATION DATE
MAILING ADDRESS:	
OWN OR RENT (LANDLORD NAI	ME:)
TELEPHONE #:	E-MAIL:
DRIVER'S LICENSE: STATE	# copy to be attached
EMPLOYMENT INFORMATION:	
EMPLOYER	PHONE #
EMPLOYER ADDRESS	
JOINT APPLICANT INFORMATION	
NAME	DATE OF BIRTH/
TELEPHONE #:	E-MAIL:
DRIVER'S LICENSE: STATE	# copy to be attached
EMPLOYMENT INFORMATION:	
EMPLOYER	PHONE #
EMPLOYER ADDRESS	
 placed at the end of the driveway for autoelectronics, liquids will be collected. One bins may be purchased, please contact To Should applicant(s) account be turned ov payment of the collection costs. Reconnect fees: \$50 during normal office Failure to receive bill does not relieve cus every month. 	rer for collections the applicant accepts all responsibility for hours M-F 7:30AM-4PM; \$150 after hours (615-418-0041). stomer of payment and penalty. Bill due date is the 15 th of Town of Chapel Hill if/when services need to be
SIGNATURE OF APPLICANT:	DATE:
IOINT APPLICANT:	DATE: