



CITY OF MOUNT PLEASANT

GAS, WATER & WASTEWATER DEPARTMENT

100 PUBLIC SQUARE, P.O. BOX 426 - MOUNT PLEASANT, TENNESSEE 38474
PHONE (931) 379-7717 FAX (931) 379-5418
MountPleasantTN.org

APPLICATION FOR GAS, WATER OR WASTEWATER SERVICE

Account # _____ Owner Renter
Name: _____ Builder Lease
Service Address: _____ Existing Structure
 Structure In Progress

City: _____ State: _____ Zip: _____

Mailing Address: _____

Tax ID # _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Drivers License # _____ Social Security # _____

DOB: _____ Previous Address: _____

Employer Name: _____ Work Phone: _____

Spouse / Other Name: _____

Drivers License # _____ Social Security # _____

Employer Name: _____ Work Phone: _____

Landlord / Business Owner Name: _____ Home Phone: _____

Landlord / Owner Home Address: _____

City: _____ State: _____ Zip: _____

CONTACT PERSON NOT RESIDING AT THIS LOCATION WHO MAY BE CONTACTED IN AN EMERGENCY.

Name: _____ Home # _____ Cell # _____

Check Type of Utility Needed: Natural Gas Water Waste Water

I/We hereby make application to the City of Mount Pleasant Gas, Water and Wastewater Department for service at the location listed above or any other location or premises occupied or designated, if said location is on or connected with the City of Mount Pleasant's existing distribution lines or service areas.

The applicant agrees to permit authorized agents of the City of Mount Pleasant free access to the premises of the applicant for the purpose of inspecting, reading, repairing, or removing property of the City.

The applicant agrees that this application is subject to the City's Rules and Regulations, a copy of which is open for inspection at City Hall, and that these Rules and Regulations are part of this agreement.

I/We hereby agree to pay all costs of collections, including attorney fees in the event of default in payment to the City of Mount Pleasant under the terms of this agreement or the Standard Rules and Regulations. The City has the right of offset on any monies owed me on any account to collect any amount owed to me. This agreement shall become binding upon execution by applicant, payment of applicable fees, and connection of services by the City. I/We understand that information on this application may be used to obtain credit information and that my credit information may be used to determine the amount of my deposit. The City will not disclose this information.

Applicant's Signature: _____ Date: _____

Applicant Received By: _____ Date: _____

Gas Service Fee: _____ Deposit Amount: _____

Water Service Fee: _____ Deposit Amount: _____

Waste Water Service Fee: _____ Deposit Amount: _____

GAS CUSTOMERS ONLY
MAINTENANCE OF CUSTOMER OWNED PIPING

In accordance with 40 CFR 192.16, all customers shall be aware and educated on the need to maintain customer owned piping. According to the Code, "maintain" means the customer is responsible to monitor for corrosion beginning at the outlet side of the meter set. If the customer's buried piping is metallic, then it is the customer's responsibility to contact the Mount Pleasant Gas Department at (931) 379-7717 so that we can survey for leaks and if an unsafe condition is found, the Gas Department will shut off the flow of gas and advise the customer of the need to repair the unsafe condition. The Mount Pleasant Gas Department does not maintain the customer's buried piping. If the customer's buried piping is not maintained, it may be subject to the potential hazards of corrosion and/or leakage.

All buried gas piping shall be: periodically checked for leaks, periodically inspected for corrosion if the piping is metallic, and repaired if any unsafe conditions are discovered. When excavating near buried gas piping, the piping should be located in advance, and the excavation should be performed by hand. The Mount Pleasant Gas Department can assist in locating and inspecting the customer's buried piping. Plumbers and Heating Contractors can assist in locating, inspecting and repairing the customer's buried piping.

I HAVE READ AND UNDERSTAND THE INFORMATION ABOVE AND
HAVE ACCURATELY COMPLETED THE INFORMATION PRESENTED.

Signature: _____ Date: _____

Signature: _____ Date: _____