

APPLICATION AND AGREEMENT FOR WATER SERVICE
DOVER WATER & SEWER DEPARTMENT, DOVER TN 37058

Primary Applicant: _____

Secondary Applicant: _____

Service Address: _____ City _____ State ____ Zip ____

Mailing Address- _____ City _____ State ____ Zip ____

Are you the (Homeowner) (Rent/Lease) this house? (please circle one)

Home Phone # _____ Cell Phone # _____

Name of Employer: _____ Work Phone # _____

Address: _____ City _____ State: _____ Zip: _____

Driver's License # _____ State: _____ Expires: _____

OPTIONAL:

Ethnicity: Hispanic or Latino ___ Not Hispanic Race: (Mark one or more)
White Black or African American American Indian/Alaska Native
Asian Native Hawaiian or Other Pacific Islander Gender Male Female

Name and address of a relative not living with you: Phone Number of that person:

I understand that my water bill is due and payable by the 10th of each month. After the 10th a 10% penalty will be applied. If bill is not paid by the 20th of the month, I understand that my service will be subject to cut off. I also understand that if my service is turned off, a \$50.00 service charge will be applied. If for some reason my account is turned over to a collection agency, I understand that I will be responsible for collection fees.

Water user's Primary agreement signature: _____ Date: _____

Water user's Secondary agreement signature: _____ Date: _____

OFFICE USE ONLY

Account Number: _____ Date Service _____

Reading when service started: _____ Date of reading: _____

Place copy of driver's license here.