**Cedar** **Grove** **Public** **Utility** **District**

Mailing Address:

P.O. Box 8

Cedar Grove, TN 38321

Office Location:

3100 Hwy 220

Lavinia, TN 38348

Office: 731-987-2217 Email: [cgudwater@gmail.com](mailto:cgudwater@gmail.com)

Plant Manager: Timothy Fullington

Office Manager: April Arnold

UTILITY SERVICE AGREEMENT: TAP FEE \_\_\_\_\_ OWNER DEPOSIT\_\_\_\_ RENTER DEPOSIT\_\_\_\_\_

I THE UNDERSIGNED CUSTOMER, DO HEREBY AGREE TO THE FOLLOWING TERMS AND CONDITIONS IN EXCHANGE FOR THE WATER SERVICE PROVIDED BY THE CEDAR GROVE UTILITY DISTRICT, HEREINAFTER REFERRED TO AS THE DISTRICT. I ALSO UNDERSTAND THAT FAILURE TO COMPLY WITH THE SAID TERMS AND THE LAW OF THE STATE OF TENNESSEE AS IT RELATES TO THEFT OR UNAUTHORIZED USE OF UTILITIES MAY RESULT IN THE TERMINATION OF MY WATER SERVICE AND THE FORFEITURE OF ANY DEPOSIT. I FURTHER COVENANT AND AGREE THAT THE DISTRICT SHALL NOT BE RESPONSIBLE FOR ANY DAMAGES THAT MAY BE CAUSED DUE TO A DISCONNECTION OF WATER SERVICE. I AGREE TO THE FOLLOWING CONDITIONS AND TO PAY THE FOLLOWING FEES IN CONNECTION WITH MY WATER SERVICE:

1. **THE WATER TAP AND METER FEE AND MUST BE PAID IN ADVANCE OF INSTALLATION. A MINIMUM CHARGE WILL BE CHARGED FOR TWELVE (12) MONTHS IF THE METER IS NOT USED.** **¾” (Standard)** **$1,125.00 PLUS OWNER DEPOSIT.** **1”** **$1,825.00 PLUS OWNER DEPOSIT**. **ANYTHING LARGER THAN A 1”** **METER TAP CUSTOMER MUST PAY ALL COST OF INSTALLATION AFTER CGUD HAS APPROVED INSTALLATION, PLUS $200.00 OWNER DEPOSIT WITH $150.00 REFUNDABLE UPON TERMINATION OF SERVICE AND PAYMENT IN FULL OF ANY BALANCE OWING.**
2. **A DEPOSIT SHALL BE PAID BY ALL CUSTOMERS IN ADVANCE OF SERVICE. THE METER DEPOSIT FOR PROPERTY OWNERS IS** **$75.00 OF WHICH $25.00 IS REFUNDABLE UPON TERMINATION OF SERVICE AND PAYMENT OF ANY BALANCE OWING. THE METER DEPOSIT FOR A PERSON RENTING PROPERTY OR OTHERWISE NOT THE OWNER OF THE PROPERTY FOR WHICH SERVICES IS SOUGHT IS $150.00 OF WHICH $75.00 SHALL BE REFUNDABLE UPON TERMINATION OF SERVICE AND PAYMENT IN FULL OF ANY BALANCE OWING.**
3. **ALL WATER BILLS ARE DUE UPON RECEIPT. A 10% LATE CHARGE WILL BE ADDED TO THE UNPAID** **BALANCE ON THE 15TH OF EACH MONTH**. **IF A WATER ACCOUNT HAS AN OUTSTANDING BALANCE OVER** **SIXTY (60) DAYS OLD, SERVICE WILL BE DISCONTINUED IF ARRANGEMENTS FOR PAYMENT HAS NOT BEEN MADE PRIOR TO THE 15TH OF THAT MONTH.**
4. A **$50.00 FEE WILL BE CHARGED TO RESTORE SERVICE IF WATER SERVICE IS DISCONTINUED FOR NON-PAYMENT OF A BILL.**

**IF SERVICE IS DISCONNECTED, THE CUSTOMER ACCOUNT BALANCE AND RECONNECTION FEE SHALL BE PAID IN FULL BEFORE SERVICES WILL BE RESTORED.**

Account# \_\_\_\_\_\_\_

CUSTOMER NAME (PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Employee Receiving Deposit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meter Reading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Paid: Cash\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cash Receipt # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

“EQUAL OPPORTUNITY PROVIDER”