

City of Hohenwald Water Department

Application for Gas Service

Date: _____ Account Number: _____
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(Business Use Only)

Name of Business \_\_\_\_\_

Corporation Name \_\_\_\_\_ Federal ID #: \_\_\_\_\_  
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Name _____ Date of Birth _____

Social Security # _____ Driver's License # _____

Service Address _____ Phone # _____

Mailing Address _____

Own _____ Rent _____ If Rent, Owner's Name _____

Previous Address _____

Employer _____ Work Phone # _____

Address _____

Name of Closest relative not living with you _____ Phone # _____

New Connection _____ Existing Connection _____ Inside City Limits _____ Outside City Limits _____

I, the undersigned (Applicant) request natural gas service from the City of Hohenwald Gas Department (COHGD). I agree to pay all applicable connection charges and for all gas consumed on the premises and to comply with all the rules and regulations of the COHGD and all the applicable State and Federal laws. I understand that said connection fees are non-refundable.

I agree that in the event I fail to pay a legitimate account, I will pay all expenses incurred in the collection of said delinquent account.

I certify that at the present time I do not owe the COHGD for prior service and further certify that this application is my Bona Fide application and is not submitted in conjunction with or on behalf of another who has had gas service terminated by the COHGD for failure to pay for services. I understand that providing false information on this application may result in termination of service.

I further agree that (1) CHOGD shall retain title to all meters and other property furnished by it; and (2) that I shall be responsible for the safe keeping of all property of CHOGD on the premises herein mentioned; and (3) that I shall grant free ingress and egress by COHGD employees and authorized agents to the meter, regulator and other property furnished by it; and (4) and will keep in repair all appliances and piping on said premises (other than CHOGD property) first notifying the COHGD prior to having repairs made and/or additional appliances, equipment and/or piping installed and will report immediately to the COHGD any leaks discovered; and (5) the COHGD shall have the right to discontinue gas service without further notice in case of applicant's failure to comply with this agreement or any part thereof.

NOTICE: Natural gas is odorless, colorless and non-toxic therefore we add an odorant to it for your protection. If you smell a gas odor call 931-796-2231 or 911 immediately. Do not operate electrical switches or appliances and do not use matches, lighters or any open flames. If the odor is strong evacuate the area immediately and call the City of Hohenwald Gas Department from a neighbor's phone.

Applicant's Signature _____ Date _____
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(Official Use Only)

Information taken by \_\_\_\_\_ Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date Work Order Made \_\_\_\_\_