



2215 Madison Street  
Clarksville, TN 37043

Ph. (931) 645-7400  
www.clarksvillegw.com

<b>OFFICE USE ONLY</b>	
Account # _____	CIS # _____
Today's Date _____	Mailing Sequence # _____

## COMMERCIAL UTILITY SERVICE APPLICATION

Date of Application \_\_\_\_\_ Date Service Requested \_\_\_\_\_ Gas \_\_\_ Water \_\_\_ AM \_\_\_ PM \_\_\_

Name of Business \_\_\_\_\_ Mail Utility Bill To \_\_\_\_\_

Doing Business As \_\_\_\_\_

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

Email Address \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Additional Phone Number \_\_\_\_\_

Federal ID (EIN) Number \_\_\_\_\_

Is your business considered to be a: Corporation \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_

Is your Company/Business Tax Exempt? No \_\_\_ Yes \_\_\_ *If yes please provide Tax Exempt Certificate*

Business Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Additional Individuals listed will be granted access to make changes and inquire information on this account:

Name/Title	E-Mail Address	Phone Number	Last 4 of Social

1. I apply to the Clarksville Gas & Water Department, Clarksville, TN (referred to as the Department), for gas and/or water service at the location given, or any other location given, or any other location or premises occupied or designed, if said location is on or connected with Department existing distribution lines of character suitable for service. I agree to comply with, and be bound by the standard rates, rules and regulations as it may from time to time adopt or establish. I understand that copies of those, as changed from time to time may be seen during business hours at the office of the Department. Security deposits and applicable service fees will apply.
2. I permit authorized Department agents free access to my premises for the purpose of inspecting, reading, repairing or removing Department property.
3. I agree for the Department and its third party collectors to contact my employer and supervisor for the purpose of collecting delinquent bills. I agree for my employer and supervisor to provide my forwarding address and any information requested by the Department for the purpose of collecting delinquent bills. Appropriate legal action will be taken to collect unpaid bills. False information may result in discontinuation of service.
4. In accordance with City Ordinance 13-313, Clarksville Gas & Water has the right, in the event that this account is turned over to a collection agency for payment, to recover all costs of collection for delinquent accounts including attorney fees.
5. In the event I am not at the premise for turn on of services, additional trips are subject to additional service fees for each service provided.

### Applicant's Identification Information

Applicant's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Voluntary)

Driver's License # \_\_\_\_\_ DOB \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature Date

WOULD YOU LIKE TO PAY BY BANK DRAFT? (Void Check Needed)      YES \_\_\_\_\_ NO \_\_\_\_\_