

Account No. _____

Receipt No. _____

**THE WEST KNOX UTILITY DISTRICT OF KNOX COUNTY, TENNESSEE
APPLICATION FOR WATER SERVICE AND/OR WASTE WATER SERVICE**

Today's Date _____

Service Start Date _____

Name(s) _____

Service Address _____

Zip _____

Mailing Address _____

Zip _____

The undersigned agrees to use and pay for service in accordance with the rates, rules and regulations of the District now or hereafter in force, and which are made part of this contract. Further, the undersigned agrees that the District may enter upon the property above referred to for the purpose of making, inspecting and maintaining such installations as may be required of it incident to this application. A Lessors deposit of \$100.00 will be required. Deposit is refundable upon termination of service, and subject to change.

Pursuant to this application and payment made to the District hereunder, the District agrees to install a water service line from its main to the property line and meter and meter box at such point. After the completion of such installations, the applicant shall become liable for the payment of water bills as they become due from time to time in accordance with applicable rates. This service is not transferable. The District agrees to provide water through this service of such quality of such volume and at such pressure as normally can be provided to this locality in the ordinary and usual operations of the District's System.

Applicant agrees to pay for all services provided by West Knox Utility District and understands they will be held liable for any and all collection services and/or costs associated with the collection of a debt. West Knox Utility District is entitled to deny service to a new applicant based on the delinquency of a prior debt within the District by that applicant until said debt is satisfied.

The undersigned shall cause no cross-connections, auxiliary intake, by-pass or interconnection to be made or allow one to exist for any purpose whatsoever unless the construction and operation of the same have been approved by the Tennessee Department of Health and Conservation and the West Knox Utility District. The operation of such cross-connection, auxiliary intake, or interconnection is at all times under the direct supervision of West Knox Utility District.

Service Charge _____

Connection Fee _____

Deposit _____

Size of Meter _____

Spigot _____

Deposit # _____

WO# _____

MONTHLY WATER RATE SCHEDULE

RESIDENTIAL WATER RATE:

1ST 1500 GAL. \$10.55 MINIMUM BILL
ALL OVER 1500 GAL. \$3.21 PER 1000 GAL.

**COMMERCIAL, MUNICIPAL, PUBLIC SCHOOL,
HOSPITAL SERVICE RATE:**

1ST 1500 GAL. \$14.25 MINIMUM BILL
ALL OVER 1500 GAL. \$3.21 PER 1000 GAL.

HOTEL, MOTEL PER UNIT OR SPACE

1ST 1500 GAL. \$4.36 MINIMUM BILL
ALL OVER 1,500 GAL. \$3.21 PER 1000 GAL.

In the event that this contract is also for waste water service, the District hereby agrees to install a wastewater collection line to the property of undersigned, at which point it shall be the responsibility of the undersigned to make the necessary service connection. After the completion of such installation, the applicant shall become liable for the payment of waste water bills as they become due from time to time in accordance with applicable rates.

Connection Fee _____

Inspection Fee _____

E-1 Pump _____

MONTHLY WASTE WATER RATE SCHEDULE

RESIDENTIAL RATE PER UNIT:

1ST 1500 GAL. \$16.27 MINIMUM BILL
NEXT 11500 GAL. \$3.84 PER 1000 GAL.
ALL OVER 13000 GAL. NO CHARGE

**COMMERCIAL, MUNICIPAL, PUBLIC SCHOOL,
HOSPITAL RATE:**

1ST 1500 GAL. \$24.80 MINIMUM BILL
ALL OVER 1500 GAL. \$3.84 PER 1000 GAL.

HOTEL, MOTEL UNIT OR SPACE:

1ST 1500 GAL. \$10.92 MINIMUM BILL
ALL OVER 1500 GAL. \$3.84 PER 1000 GAL.

**INDUSTRIAL: TO BE DETERMINED ON INDIVIDUAL
BASIS**

OWNER _____

AGENT/RENTER _____

DRIVERS LICENSE NUMBER _____

PHONE NUMBER _____

SPOUSE _____

NAME OF EMPLOYER _____

DO YOU CURRENTLY HAVE WATER SERVICE WITH WKUD? _____ YES _____ NO

IF YES, WHAT ADDRESS _____

DO YOU WANT THAT SERVICE DISCONNECTED? _____ YES _____ NO

IF YES, WHAT DATE _____

WORK ORDER # _____

IF NO, SIGN HERE: _____ DATE _____

DOES CUSTOMER HAVE A DEPOSIT ON FILE WITH WKUD? _____ YES _____ NO

IF YES, is the deposit to be transferred to the new account? _____ YES _____ NO

DEPOSIT NUMBER: _____