



**APPLICATION FOR UTILITY SERVICE CONNECTION**  
**Tullahoma Utilities Authority (TUA)**  
**Tullahoma, TN 37388**

**COMMERCIAL**

Date of Application

**Name By Which Service Will Be Listed**

Name of Business	Doing Business As (DBA)
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911 Service Address	Mailing Address/P.O. Box
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Service: City	State	Zip Code	Mailing: City	State	Zip Code
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Are you the owner? YES <input type="radio"/> NO <input type="radio"/>	If no, check below Lease <input type="radio"/> Rent <input type="radio"/>	Landlord's Name	Your Date of Birth	Home Phone	Work Phone
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**Owner or Responsible Party's Information**

Last	First	Middle	Employed By	Driver's License No.	Social Security No.
Last	First	Middle	Employed By	Driver's License No.	Social Security No.

**Name of Person Not Residing at This Location Who May Be Contacted in Case of Emergency**

Last	First	Middle	Telephone Number	Relationship

**Conditions of Service**

1. Applicant will comply with and be bound by the rules and regulations of the Tullahoma Utilities Authority (TUA) and by signature below acknowledged having been given the opportunity to review the rules and regulations.
2. Disclosure of falsified application will be reason for discontinuation of service and additional deposit.
3. TUA or its third-party collectors will have right to contact the customer's employer for the purpose of collecting unpaid bills. The customer will pay all expenses including reasonable attorney's fees associated with collection of utility bills.
4. The customer will not be allowed to obtain utility service under a different or new applicant unless all delinquent accounts of the applicant(s) are brought current.
5. The customer may terminate the service obtained under this application by appearing at the office of TUA.
6. Only persons listed on this application will be allowed to arrange disconnection, reconnection, or termination of service.

**I have read the above stated conditions of service and request utility service under those conditions.**

Applicant(s) Signature(s)	Date	
Applicant(s) Signature(s)	Date	
DEPOSIT Number	Amount	Date