

APPLICATION
WOODBURY WATER & SEWER DEPARTMENT
101 WEST WATER STREET
WOODBURY, TN 37190
615-563-4221

APPLICANT'S LEGAL NAME:	DATE:
PROPERTY ADDRESS:	
BILLING ADDRESS: (IF DIFFERENT THAN THE PROPERTY ADDRESS)	
PRIMARY PHONE NUMBER:	SECONDARY PHONE NUMBER:
DO YOU OWN THIS PROPERTY: YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU RENT OR LEASE THIS PROPERTY (IF YES, PROVIDE COPY OF RENTAL AGREEMENT) YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME OF LANDLORD:	TELEPHONE NUMBER:
HAVE YOU EVER HAD WATER SERVICE WITH US BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, LIST UNDER WHAT NAME AND ADDRESS:	
DO YOU CURRENTLY HAVE AN OUTSTANDING BALANCE WITH THE WOODBURY WATER DEPT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME OF EMPLOYER:	TELEPHONE NUMBER:
PERSON(S) TO CONTACT IN CASE OF WATER EMERGENCY SITUATION:	TELEPHONE NUMBER:

Any person seeking utility service shall be treated courteously and fairly by the Board, Manager, and Staff. It is accepted utility practice in the United States that utility service is a contractual relationship between the utility and the person(s) whose name(s) appear on the application for service. The CUSTOMER shall be responsible for the timely payment of all fees, rates and charges and abiding by all policies and rules of the utility. The Woodbury Water Department customers agree to pay not less than the minimum monthly water bill, whether or not water is consumed, and further agree to pay as billed by the district. Customer agrees not to permit any unapproved or unauthorized cross-connection auxiliary intakes, bypasses, and interconnections upon premises. Failure to comply could result in loss of service until the problem has been corrected. The utility is run for the benefit of all present and future customers, and while no customer shall intentionally be treated unfairly, no customer shall be treated in a way that compromises the interest of other customers. **The Woodbury Water Department prohibits discrimination based on race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation and marital or family status.**

APPLICANT: _____ **DATE:** _____

UTILITY REPRESENTATIVE: _____ **DATE:** _____

Verification: Driver's License Credit Card Lease Agreement Photo ID Other

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Water System Cross- Connection Survey: Residential

1. **Occupancy: Do you own or rent?** _____
2. **Meter Serves: Number of homes:** _____
Number of buildings: _____
3. **Do you have? (Please check all that apply):** Hot Tub ____, Swimming pool ____, Waterbed ____, Solar System ____, Green house ____, Darkroom Equipment ____, Drip/Soaker/Irrigation System ____, Portable Dialysis Machine ____, Insecticide Sprayers (that attach to garden hose also) ____, Utility sink w/ threaded faucet ____, Wood burning hot water heater ____, Ghost pipes (unidentified pipes) ____.
4. **Do you have a bathtub that fills from the bottom? (Please circle) Yes or no**
5. **Do you have a water softener or any extra water treatment system? (Please circle) Yes or no**
6. **Do you have an auxiliary water supply on your premises? (Please circle) Yes or no**
7. **Do you have livestock and use a water trough or water system connected to by public water? (Please circle) Yes or no**
8. **Is your home or building elevated above your water meter? (Please circle) Yes or no**
9. **Does a creek, river, or spring water run near or on your property? (Please circle) Yes or no**
10. **Do you have a booster pump, well pump, or any other type of water pump? (Please circle) Yes or no**
11. **Do you receive irrigation water from a different source? (Please circle) Yes or no**
12. **Do you have a backflow protection device on your property now? (Please circle) Yes or no**
13. **Do you have any situation that you are aware of that could create a cross-connection? (Please circle) Yes or no**
14. **Do you have any other water using equipment on your property not mentioned above? (Please circle) Yes or no? If yes, please list below:**

Please notify this office if any of the above conditions change.

Signature: _____ **Date:** _____