

City Of Franklin Application and Agreement for Service Non-Residential

Date you want service to begin _____ Account No. _____-_____-_____

Commer ___ Indust ___ Church ___ Irrigation ___ School ___ Fire line ___ Other ___

Are you sales tax exempt? Yes _____ No _____ **If yes, proper documentation must be provided.**

Are you subject to reduced tax rate? Yes _____ No _____ **If yes, proper documentation must be provided.**

Business Name _____

Owner Name _____

Service Address _____

Mailing Address _____

City _____ ST _____ Zip _____

Fed ID # (For Business) _____ Soc Sec # _____

D.L. # _____ STATE _____

Home phone _____ Daytime contact phone _____

Will you own or rent at this new location? Own _____ Rent _____ (Copy of lease required)

If renting, name of landlord _____

Are you currently a City of Franklin Water Dept. customer? _____ If yes, please give address you are transferring from:

_____ Account No. _____

Do you want service terminated at the old address? _____ If yes, give date _____

Commercial solid waste disposal for rollout service is optional and fees are based on total amount of rollouts requested. A rate schedule is available if you are interested.

Do you want solid waste rollout disposal provided by the City of Franklin? _____ Yes _____ No
If yes, a separate application is necessary for this service.

____ **I want to opt-in and automatically round up my monthly utility bill to the nearest whole dollar to support affordable housing.**

\$50.00 Application fee paid by Cash _____ Check _____ MO _____ Bank Card _____ FIRST BILL _____

(Continued on other side)

A non-refundable fee of \$50.00 is payable when service is requested to offset bookkeeping and field work incurred by the City of Franklin as services are made available.

I hereby make application to the City of Franklin for water and/or sewer and/or garbage service and agree to pay for such according to prevailing rates.

I understand that all service is subject to the rules and regulations of the City of Franklin which may be amended from time to time and that these rules and regulations are part of this agreement.

I represent that neither I, the applicant, nor spouse, nor any other resident in the household owes the City of Franklin a delinquent bill. Any misrepresentation herein shall be grounds for discontinuance of service.

I further agree to pay all indebtedness for services rendered and in the event of a past due account, I shall pay reasonable expenses of collection, legal, attorney fees and otherwise.

I hereby acknowledge receipt of information sheet regarding rules and regulations and billing information.

Customer signature

Date

P.O. Box 487 Franklin, TN 37065 Phone (615) 794-4572 Fax (615) 550-1954

HARPETH WASTEWATER COOPERATIVE APPLICATION FOR SEWER (Route 71)

I hereby request the provision of sewer service from **Harpeth Wastewater Cooperative**. I agree to pay all indebtedness for services rendered and in the event of a past due account, I shall pay reasonable expenses of collection, including court costs, legal and attorney fees and all other costs.

I further agree and authorize the City of Franklin or its agents to enforce all provisions of this contract. I specifically authorize the City of Franklin or its agents to collect late payment charges, cut off and reconnection charges and further authorize them to terminate my water and sewer service for failure to abide by the terms of this Agreement. I recognize them as the lawful agents for **Harpeth Wastewater Cooperative** in the enforcement of this Agreement.

Signature

Date