City of Munford Utilities 1397 Munford Avenue Munford, TN 38058

Utility Service Application



Munford Utility Acct#

Customer Information					
Primary Name on Acct:			(Print Please)		
Primary - Social Security #					
Secondary Name on Acct:	(Print Please)				
Secondary - Social Security #					
Gender:	Male	Female			
	Decline to answer				
Race (circle one)	Caucasian	African	American	Hispanic	
	Indian	Other Decline to answer			
Property Address:					
Mailing Address if different:					
Street # Street Name Apt#					
	City		State	Zip	
Phone #	Day#		Night#		
Email Address:					
Do you	Own		or lease/ren	tthis property	
Date Requesting Service to begin:					

Would you like to enroll in *E-I *(if enrolled in E-Billing, no pap		Yes	No			
*Trash Receptacles needed *(If property inside Munford Ci	ty Limits)	One	Two			
Is there already a receptacle or	n site?	Yes	No			
Emergency Contact		Relationship				
Emergency Contact Phone #						
By signing below, I agree the City of Munford may use this information to complete my account activation. I understand that it is my responsibility to provide the City with current contact information and agree that this information is current and correct to the best of my knowledge. Payment is due no later than the 15th of each month to avoid penalty. After the 24th of each month additional penalties will accrue and my services maybe disconnected without further notice. I also understand I can be held responsible for giving false information to the fullest extent of the law.						
Primary Signature:						
Date _						
Secondary Signature:						
Date .						
Below to be completed by Customer Service Representative						
Did customer provide proof of	residency: lease	mortgage (documents			
or other (please describe)						
Date Service is to begin:						
Customer Service Representati	ive Signature					