



992 5th Street
 P. O. Box 510
 Jellico, TN 37762
 Phone (423) 784-8431
 Fax (423) 784-3742

Application for utility service (Business – Sole Proprietor / Partnership):

Please complete the following application to establish service.

Your social security number is required by Jellico Utilities (Utility) in order to activate your account and commence service, and the SSN may be used by the Utility for collection purposes if your account becomes delinquent. Under the Tennessee Public Records Act, social security numbers are designated as confidential, and as such the Utility cannot release your number to any person or entity.

The undersigned requests Jellico Utilities (JU) to supply service (which shall include any and all utility services provided now or in the future by JU at any location as the undersigned hereby requests or may hereafter request or receive from JU), and agrees to receive and pay for all service rendered or reserved for use of the undersigned when bills are rendered therefore in accordance with the rates, rules and regulations of JU in effect at the time the service is rendered. The undersigned acknowledges that from time to time the rates, rules and regulations of JU may be altered, amended or repealed by JU in its sole discretion and no such alteration, amendment or repeal shall affect the undersigned's obligations hereunder. It is agreed that JU may require, as security for payment of bills, a cash deposit of such amounts as it may deem adequate. The undersigned agrees to abide by and be subject to the rules and regulations of JU relating to all service rendered pursuant to this contract. The undersigned agrees to be responsible for any and all collection fees associated with the collection of delinquent bills, which may amount to 35% of the total amount of delinquent bills, in addition to reasonable attorney fees and court costs. The undersigned acknowledges that the undersigned has read and understands the above and is in agreement with each of the terms of this contract.

FOR OFFICE USE ONLY

Location ID _____

Customer ID _____

Rules and Regulations Paper Copy
 Received Declined Online

Utility Rates Paper Copy
 Received Declined Online

DEPOSIT \$ _____ DOT

On File

Transfer from _____
Location Number

CSR _____

↓ **PLEASE COMPLETE INFORMATION BELOW THIS LINE ONLY** ↓

Requested Start Date _____

Services Requested: Electric Water Sewer Outdoor Security Light(s)

(Please Print)

Name of Owner(s) _____ Social Security # _____

Are You the Property Owner?

Yes No

Name of Owner(s) _____ Social Security # _____

(List additional owners and their social security numbers on other side of form)

If No, Who is the Property Owner /Manager?

DBA Name _____

Sole Proprietor Partnership

Service Address _____

Street City

Property Owner's Phone #

Billing Address *(if different from service address)* _____

Email _____

Email Notification Yes No

EIN # _____ Contact Name _____

Text Notification Yes No

Phone # at service location _____ Contact # _____

Mobile # _____

Mobile Carrier _____

Signature _____ Date _____

(Owner/General Partner)