

Clinton Utilities Board

1001 Charles G. Seivers Blvd. P. O. Box 296 Clinton, TN 37717

Phone (865) 457-9232 Fax (865) 220-6292

Email: cservice@clintonub.com

Application for utility service (Business - Corporation / LLC): Complete the application include photo identification, lease/ownership documents

NOTICE

The authorized representative applying for a corporation/LLC will be required to furnish one form of photo ID (valid driver's license, state issued ID, or military ID). We also require you to furnish a copy of one of the following: corporate annual report filed with the Secretary of State, acknowledgment of corporation letter from the Secretary of State, or corporate charter stamped by the Secretary of State.

The undersigned requests Clinton Utilities Board (the "Board") to supply service (which shall include any and all utility services provided now or in the future by the Board at any location as the undersigned hereby requests or may hereafter request or receive from the Board), 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 the Board in effect at the time the service is rendered. The undersigned acknowledges that from time to time the rates, rules and regulations of the Board may be altered, amended or repealed by the Board in its sole discretion and no such alteration, amendment or repeal shall affect the undersigned's obligations hereunder. It is agreed that the Board 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 the Board 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 agrees, in order for their account to be serviced or to collect any amounts owed, the Board or any authorized agent of the Board, including a third-party collection agency, may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. The Board or its authorized agents may also contact the undersigned by sending text messages or emails, using any email address you provide us.

| FOR OFFICE USE ONLY | | | |
|--------------------------------------------------------------|---|--|--|
| Location ID | - | | |
| Customer ID | _ | | |
| Rules and Regulations Paper Cop Received Declined Online/Fa | • | | |
| Utility Rates Paper Copy □Received □Declined □Online/Fa | x | | |
| DEPOSIT \$ | _ | | |
| □ New □ CWP Conf# □ Flex □ On File □ Hold Auto-Setback | | | |
| Additional info | - | | |
| Transfer from Online utility check Existing Prior CSR | _ | | |

| PLEASE COMPLETE INFORMATION BELOW | W THIS LINE ONL' |
|-----------------------------------|------------------|
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| Methods of contact may include using pre-recorded or artificial voice me in automatic dialing device, as applicable. The undersigned acknowledge | ges that the undersigned | CSR |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------|
| has read and understands the above and is in agreement with each of the te PLEASE COMPLETE INFORMATION BELOW THIS LINE ONLY | ī | |
| Requested Start Date | | Are the utility service(s) for a business? Yes No |
| ervices Requested: Electric Water Sewer Out | tdoor Security Light(s) | Type? |
| Please Print) Business Name | | If No then continue Are the utility service(s) for a |
| LLC Corporation Other | | Residential □Home □Apt □Trailer |
| ervice AddressStreet | City | □Other? □Yes □No |
| Billing Address (if different from service address) | • | Are You the Property Owner? □Yes □No |
| Email | | If no, who is the Property Owner/Manager and Phone Number? |
| ZIN # Contact Name | | |
| Thone # at service location Contact # _ | | |
| Jame of person authorizing service | | Sign up for Electronic Billing? □Yes □No |
| itle of person authorizing service | | |
| | | Office Use: |
| ignature(Person authorizing service) | Date | Electronic Billing Keyed |
| , o , | Office - Corporate | |