

FROM NATURE...



Bristol-Bluff City Utility District  
318 Riverview Dr.  
PO Box 459  
Bluff City, TN 37618

Office: (423) 538-4043  
Emergency: (423) 538-7241

**BBCUD Water Service Agreement/Application**

Location Address (911 address required):

Street number: \_\_\_\_\_ Street/Rd. name: \_\_\_\_\_

City \_\_\_\_\_ State: TN Zip code \_\_\_\_\_ - \_\_\_\_\_

Property Information:

Do you own/buying (deed registered at courthouse in your name) property at this service location: Yes No

If the **answer is no** (you do not own) then following property owner/landlord information shall be filled out.

Property Owner/Landlords Contact Information:

First Name \_\_\_\_\_ Last name \_\_\_\_\_

Street number: \_\_\_\_\_ Street/Rd. name: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Other: \_\_\_\_\_

Billing address:

Is the billing address the same as the service location address: Yes \_\_\_\_\_ NO \_\_\_\_\_

If no, then specify correct billing address information:

Street number: \_\_\_\_\_ Street/Rd. name: \_\_\_\_\_

P.O Box: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ - \_\_\_\_\_

**Applicant Information:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden \_\_\_\_\_ Marital Status: Single Married Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Account Number \_\_\_\_\_

Do you currently have water service with BBCUD?    Yes    No

Have you ever had water service with BBCUD?    Yes    No

Contact Information:

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Other \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ phone: \_\_\_\_\_

Other \_\_\_\_\_

Current Employment Information

Employer's Name: \_\_\_\_\_

Street number: \_\_\_\_\_ Street/Rd. name: \_\_\_\_\_

P.O Box: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_ - \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

General/Security Information:

I understand that I am the only one that can make changes to my account. I understand that this shall be done in person unless I provide the password and security question that I chose for this account. I understand that I will be required to provide password and/or security question when inquiring or making changes to account information/water service.

The password for my account shall be: (Minimum of 4 and max of 8 alpha and/or numerical)

**Password:** \_\_\_\_\_

**Security Question:** Choose one of the following and answer:

1. My favorite teachers name. \_\_\_\_\_
2. The name of my first pet. \_\_\_\_\_
3. The name of the person that I went on my first car date with. \_\_\_\_\_
4. The Make and Model of car that was used to teach me to drive. \_\_\_\_\_

Please share my account information with the following persons. These persons **will not** be able to **change my account** but can inquire/view account information, such as account balance, payments, etc and can be notified in case you can't be reached.

I understand that these persons shall be required to provide photo ID and sign an account inquiry form, provide password for account, etc. when requesting account information.

**Privacy/Security Information**

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Cross-Connection Survey**

1. Type of service: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial
2. Occupancy: \_\_\_\_\_ Own \_\_\_\_\_ Rent
3. Meter serves: House/mobile home, etc. \_\_\_\_\_ How # many does it serve? \_\_\_\_\_  
Barn/outbuildings, etc. \_\_\_\_\_ How # many does it serve? \_\_\_\_\_  
Other Structures \_\_\_\_\_
4. Do you have (Check all that apply)  
\_\_\_\_Swimming Pool \_\_\_\_Hot Tub \_\_\_\_Jacuzzi  
\_\_\_\_Green House \_\_\_\_Dark Room Equipment  
\_\_\_\_ Underground Sprinkler System \_\_\_\_Drip/Soaker/Irrigation \_\_\_\_Insecticide Sprayer (Garden hose)  
\_\_\_\_ Portable Dialysis Machine  
\_\_\_\_Utility Sink with Threaded Facet \_\_\_\_Ghost pipes (unidentified)
5. Do you have a water softener or any extra water treatment system? \_\_\_\_Yes \_\_\_\_No
6. Do you have an auxiliary water supply (spring, well) on your premises? \_\_\_\_Yes \_\_\_\_No
7. Do you have livestock that use a water trough filled by Public water system? \_\_\_\_Yes \_\_\_\_No
8. Does a creek, river, etc. run near or on your property? \_\_\_\_Yes \_\_\_\_No
9. Do you have a booster pump, well pump or any other type water pump? \_\_\_\_Yes \_\_\_\_No
10. Do you receive irrigation water from a different source? \_\_\_\_Yes \_\_\_\_No
11. Do you have a backflow protection device on your property now? \_\_\_\_Yes \_\_\_\_No
12. Do you have or are you aware of a situation that could create a cross-connection? \_\_\_\_Yes \_\_\_\_No
13. Do you have any other water-using equipment on your property not mentioned above? \_\_\_\_Yes \_\_\_\_No

If yes, please list: \_\_\_\_\_

**WATER SERVICE AGREEMENT**

**Water Service Connection Fee:** \$75.00 non-refundable service connection fee shall be paid in full prior to the establishment of the water service account and water service turned on. Renters will also have a 75.00 deposit that must be paid prior to establishment of water service that is refundable as long as their bill is paid in full when/if applicant moves from premises.

Customer Service

- Leak adjustment- one per fiscal year if the leak meets criteria per BBCUD Policy.
- There are no adjustments for filling swimming pools.
- A payment drop box is located at the BBCUD entrance for after hour payments.
- Office hours are 8:00 a.m till 4:30 p.m Monday thru Friday.

Billing

Minimum bill charges will be applied to your account each month and will be initiated with the water service being turned on. The minimum bill will be applied even if the amount of usage is 0. The minimum bill charge is calculated per the current rate schedule.

First notice is generated/mailed after the meter is read each month. The due date on the bill is a minimum of 20 days from the day the bill is generated/mailed. The payment shall be received by 4:30 p.m. on the due date to prevent a penalty from be added to your account.

Penalty- Billing/Collection System generates the customer accounts for which payment has not been received by 4:30 p.m. on the due date and calculates the penalty. Penalties are applied to each account after 4:30 p.m. on the due date.

**A second notice will no longer be generated/mailed for any First Notice Bill that is generated/mailed on and after August 1, 2015.**

A customer will have 10 days from the first notice due date to pay the past due account balance. If the total past due balance on the account is not paid in full by 4:30 p.m. on the 10<sup>th</sup> day past the first notice due date then a **non-payment fee (40.00)** shall be applied to the account and it will be subject for disconnect.

**Reconnect Fee-** A fee of **\$30.00** will be paid to have water service re-established.

An account that has had water service terminated for more than ten days will be made inactive. To re-establish service for this account, the balance shall be paid in full and instead of paying \$30.00 to turn the water on a \$75.00 non-refundable reconnect fee shall be paid.

Returned Check Fee/Auto draft- A \$30.00 fee will be applied for all returned checks/auto drafts.

Customer Complaints

Please notify the customer service center with any questions, concerns and/or complaints that you have during normal business hours (423)538-4043. Emergency (after hours) 423-538-7241.

I have been provided the current CCR for BBCUD Water System. Also, I have been provided educational information on how to protect the water system from cross connections.

**Customer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Account Number \_\_\_\_\_