

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 COMMISSION REQUEST FORM

Account Number: _____

Customer name: _____

Location Address (911 address):

Street number: _____ Street/Rd. name: _____

City _____ State: TN _____ Zip code _____ - _____

Customer phone number: _____

Description of complaint:

Do you want to address the Commissioners at the next commission meeting? _____ YES _____ NO

This form must be completed and turned back in to Bristol-Bluff City Utility District no later than 1 week prior to the scheduled Commission meeting in order for you to be added to the Agenda. If it is past the deadline, it will go on the Agenda for the next month's meeting.

SIGNATURE _____ DATE _____