CITY OF RIDGETOP

Ridgetop, Tennessee 37152

GAS CONNECT FORM

Name:	Date:	Owner() Renter()
Date of Birth:	Driver's License Number:	<u> </u>
Spouse's Name: (If applicable):		
Service Location:		
Mailing Address:		
If rental, Property Owner's Name:		
Telephone Number:	Email Address:	
Place of Employment:	Telephone Numbe	er:
Advance Deposit Requirements: A deposit of \$350.00 will be required for real Residential owner-occupied properties Commercially owned properties required	require a \$25.00 deposit; proof of h	omeownership is required.
I understand that once my gas utility is disconnected after deducting my final bill, the remainder of the d		final bill. I also understand that
I understand that if for any reason my service is dis the outstanding balance along with a \$40.00 reco unpaid and it becomes necessary to engage an atte collection and service fees.	onnection fee. I understand that if a	ny portion of my bill remains
I hereby acknowledge that by signing this agreement further agree that my signature represents not only other adult individual involved. I affirm that I have that all information provided is true and accurate to the serve as my inducement for the City of Ridgetop to	my acceptance of the agreement bu heir authority to bind them to the ter best of my knowledge, and that the i	t also that of my spouse or any ms of this agreement. I certify that
Date of service to be connected:		
Applicant Signature	Date Submit	rted
	(for office use only)	
	od of Payment: nt Number:	