

160 Main Street P.O. Box 640 Copperhill, TN 37317

Phone: (423) 496-5141 www.copperhill.gov

Copperhill Utilities Service Agreement

Full Name:		
Phone Number:	Email Address:	
Social Security #:	Driver's License #:	State:
Mailing Address:		
Service Address:		
Service Location (Select One): □ Co	pperhill, TN 37317	06
(If different from above)		
Owner's Name:	Phone Number:	
	service from Copperhill Utilities and grant acce meter reading as required for billing. I agree to a lities.	•
 A non-refundable connection fee o A \$75.00 non-refundable connecti Payment is due by the date listed or Unpaid bills are subject to disconne Reconnection fee is \$50.00. Returned checks incur a \$35.00 fee 	ection (unless prior arrangements are made). e and are subject to immediate disconnection. I re starting any construction work near utility lin essible and uncovered.	ants. al property owners. Reconnection must be paid in cash.
Signature:	Da	te:
	OFFICE USE ONLY	
Connection Date:	Reading:	
Disconnection Date:	Reading:	
Connection Fee Paid: \$	Payment Method: 🗆 Cash	☐ Check ☐ Credit/Debit
Water Tap: ☐ Yes ☐ No		
Sewer Tap: ☐ Yes ☐ No		