APPLICATION FOR WATER SERVICE

Sevier County Water Department
227 Cedar Street Sevierville, TN. 37862
Phone: 865-774-3852 | Fax: 865-774-3747 | Email: waterdept@seviercountytn.gov

www.seviercountywater.com

Section 1 - To be completed by Sevier County Water Dept.

Type Service Requested:	□Residential □Overnight Renta	al □Commercial	□Fire Line	□Other		
Size:	□³⁄₄" □1" □2" □					
Customer #:		□Tap & Set Meter □Tap Only □Meter Only				
Account #:		Tap Fee Paid:				
Application Fee Paid:		Service Fee Paid:				
Section 2 - To be completed by Customer:						
Customer Name:	1/200	Date Applied:				
Property Address:	Nine.					
Mailing Address to Send B	ill:					
City, State & Zip (mailing):						
Phone #:		Mobile #:				
Email Address:						
Directions:						
Driver License or Photo ID:	-0. III -0. III					
I understand that this document is only an APPLICATION for service and no acts on my part, such as plumbing my premises or purchase of equipment, shall in any way obligate the Utility to me. I understand that a pressure-reducing valve or booster pump may be necessary for my water service and that the Sevier County Water Dept. does not provide nor install said valves or pumps and that the Sevier County Water Dept. is not liable for any damages incurred during or as a result of the installation of said valves or pumps. I understand that I can not have a cross-connection once I accept service from Sevier County Water Dept.						
I understand that billing of water charges will begin upon availability and installation of a water meter, whether or not actual connection is made at the time.						
By my signature, I obligate myself to obey all Water Rules and Regulations, Policies, Requirements, and/or Ordinances adopted and approved by the Sevier County Water Dept. and to pay for all utility services at the prevailing rate schedule of the Sevier County Water Dept. It is further understood that the Utility has the right to make, amend and enforce any Water Rules and Regulations, Policies, Requirements, and/or Ordinances that may be necessary or proper regarding any utility matter. A copy of the current rates schedule is available upon request.						
Property Owner (Please Pr	int):					
Signature:	X					
Section 3 - To be completed by Sevier County Water Dept.						

METER INFORMATION						
Mfg. # (Meter #):	Adjacent Meter #:					
Transponder #:	Reading:					
Chlorine Residual:	Date Completed:					
GPS Coordinates:		Elevation:				