

**WEST TENNESSEE PUBLIC UTILITY DISTRICT
APPLICATION FOR NATURAL GAS SERVICE**

CITY LIMITS
Inside () Outside ()

Date _____

Customer Name _____ Acct. No. _____
Last First Middle

Service Address _____

Mailing Address: _____ Intersection _____

City _____ State _____ Zip _____

Spouse's Name _____ Wife's S.S. # _____
Last First Middle

Telephone Numbers: _____

Home _____

S.S. # _____ Business _____

Driver License No. _____ Yrs. Lived at Prev. Address _____

Other _____ Requested Set Date _____

Previous Address _____ Promised Set Date _____

Employed by _____ Spouse Employed By _____

Home Owned: Yes () Rents From _____

References: Relative (not living with you) _____ Phone # _____

Non-Relative _____ Phone # _____

SERVICE ADDRESS	ACCT. NO.	DATE IN	DATE OUT	UNPAID ACCOUNTS

Amt. Collected _____ Con. Fee \$ _____ Deposit \$ _____ Total \$ _____

Current Utility Service Addresses:

1. _____ 2. _____

Other Information _____

The applicant agrees that his application is subject to the West Tennessee Public Utility District Rules and Regulations, now in force or as may hereafter be amended by the Board of Commissioners

Signed _____ Approved _____
(Applicant) West Tennessee Public Utility District