

DOUBLE SPRINGS UTILITY DISTRICT

2677 West Broad Street
PO Box 3034
Cookeville, TN 38502-3034
Telephone (931) 526-3827
E-mail info@doublespringsutility.com

Re-Installation of Service Agreement

Date _____ Date Service Requested _____

Re-install Fee and agreement currently due PAY PRIOR TO SERVICE DATE REQUESTED

Account Number _____

Full Name _____

Street Address _____

Billing Address _____

Telephone _____ Fax Number _____ Email _____

Re-Installation Fee \$30.00 ___ Debit\Credit ___ Check ___ Cash

I certify that the above facts are true and correct to the best of my knowledge along with the facts of the previous application for service with the Double Springs Utility District; and as a customer of the Double Springs Utility District, I will comply with the terms and conditions of membership including financial responsibility for the services rendered there under. I also understand that reasonable collection and/or attorney's fees may be imposed in the vent of my default on this or other accounts I may have with Double Springs Utility District.

Signature _____ Date _____

Double Springs Utility District is an equal opportunity provider and employer

OFFICE USE ONLY

Payment Received _____ Signed Agreement Received _____

Meter Reading _____ Meter Reading Date _____

Remarks: _____