

**APPLICATION FOR WATER SERVICE  
DOVER WATER & SEWER DEPARTMENT, DOVER TN 37058**

Name \_\_\_\_\_

Spouse \_\_\_\_\_

Service Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address- \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you the (Homeowner) (Rent/Lease) this house? (please circle one)

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

**OPTIONAL:**

**Ethnicity:** Hispanic or Latino \_\_\_ Not Hispanic \_\_\_ **Race:** (Mark one or more)  
White \_\_\_ Black or African American \_\_\_ American Indian/Alaska Native \_\_\_  
Asian \_\_\_ Native Hawaiian or Other Pacific Islander **Gender** Male \_\_\_ Female \_\_\_

Name and address of a relative not living with you: \_\_\_\_\_ Phone Number of that person: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that my water bill is due and payable by the 10<sup>th</sup> of each month. After the 10<sup>th</sup> a 10% penalty will be applied. If bill is not paid by the 20<sup>th</sup> of the month I understand that my service will be subject to cut off. I also understand that if my service is turned off a \$50.00 service charge will be applied. If for some reason my account is turned over to a collection agency I understand that I will be responsible for collection fees.

**Water users agreement signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Account Number: \_\_\_\_\_ Date Service \_\_\_\_\_

Reading when service started: \_\_\_\_\_ Date of reading: \_\_\_\_\_

Place copy of driver's license here.