



City of Franklin Application and Agreement for Service MILCROFTON

P.O. Box 487

Franklin, TN 37065

Phone (615) 794-4572

Fax (615) 550-1954

Date you want service to begin: _____

For office use
Account No: _____

3 Day notice required

Are you sales tax exempt? **Yes** _____ **No** _____ **If yes, proper documentation must be provided.**

Are you subject to reduced tax rate? **Yes** _____ **No** _____ **If yes, proper documentation must be provided.**

Name _____ Co-Applicant _____

Service Address _____

Subdivision _____ Lot # _____

Mailing Address _____

City _____ ST _____ Zip _____

PHOTO ID REQUIRED

DRIVER LICENSE/PASSPORT/ETC.

S.S. # _____ S.S. # _____

D.L. # _____ STATE _____ EMAIL _____

Home phone _____ Daytime contact phone _____

Will you own or rent at this new location? Own _____ Rent _____ ***(Copy of lease required
Signed by Landlord & Tenant)***

If renting, name of landlord _____

Are you currently a City of Franklin Water Dept customer? _____ If yes, please give address you are transferring from: _____

Account No _____

Do you want service terminated at the old address? _____ If yes, give date _____

Is there any medical reason that service cannot be interrupted? _____ Explain: _____

Written verification from a medical doctor is required before meter can be labeled as special consideration when performing cutoff.

I want to opt-in and automatically round up my monthly utility bill to the nearest whole dollar to support affordable housing.



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There is a \$16.50 per month, charge for solid waste disposal for residences located within the city limits of Franklin. The monthly rate for each additional container will be \$7.50. If you have questions, or need further assistance, please contact the Solid Waste Department at 615-794-1516.

Commercial solid waste disposal is optional and fees are based on usage and type of container. A separate application is necessary for this service. Please advise this office if you need this service.

I hereby make application to the City of Franklin for sewer and/or garbage service and agree to pay for such according to prevailing rates.

I understand that all service is subject to the rules and regulations of the City of Franklin, which may be amended from time to time and that these rules and regulations are part of this agreement.

I understand that in the instance that I desire to terminate this agreement, I must provide such termination in writing to the City of Franklin.

I represent that neither I, the applicant, nor co-applicant owes the City of Franklin a delinquent bill. Any misrepresentation herein shall be grounds for discontinuance of service.

I further agree to pay all indebtedness for services rendered and in the event of a past due account, I shall pay reasonable expenses of collection, legal, attorney fees and otherwise.

I hereby acknowledge receipt of information sheet regarding rules and regulations and billing information.

Customer Signature

Date

Co-Applicant Signature

Date
