

Old Knoxville Highway Water District
P.O. Box 100
Mohawk, TN 37810

PH# - (423) 422-1660 FAX# – (423)422-7912

Customer account number # _____

Date: _____

New on: _____

Change Address _____

Divorced/Married _____

Foreclosure Deposit _____

Tap _____

Bill & Pull _____

Deceased/Inherited _____

On To Clean _____

It is the policy of the **UTILITY** to require that the applicant seeking service is the responsible party residing at the service address. I hereby agree to the rules and regulations of the Water Commission and of the Old Knoxville Highway Water District. I also agree that the meter will remain accessible to the water department employees at all times. The meter cannot be obstructed or fenced in without providing a gate for accessibility.

ALL SERVICES ARE REQUIRED TO HAVE A PRESSURE REDUCER

Full Legal Name: _____

Street Address (for service): _____

Billing Address (if different) _____

EMAIL ADDRESS: _____ Tax ID _____

Telephone # _____ Employer: _____

Emergency Contact: _____

Previous water source: _____

Applicant is: Owner _____ Renter _____ Other _____

****DO YOU HAVE AN UN-PAID ACCOUNT WITH OLD KNOX.****

SIGNATURE OF APPLICANT _____

Tap Fee \$ _____

Service Charge (*Non-refundable*): _____

Cut On Date: _____

Trip Charge (*Non-refundable*): _____

Cut Off Date: _____

Reading: _____

Applicant is responsible for turning off water heater in the event of water service outage or being disconnected. The water district is NOT RESPONSIBLE for any damages incurred if not turned off.

PAID FOR SEWER SERVICE:

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