



Electricity • Gas • Water • Wastewater
 PO Box 449 • Lenoir City, TN 37771
 1-844-687-5282

Lenoir City Service Center
 7698 Creekwood Park Blvd.
 Lenoir City, TN 37772
 FAX: (865) 988-9696

Cedar Bluff Service Center
 501 N. Cedar Bluff Road
 Knoxville, TN 37923
 FAX: (865) 693-5631

Farragut Service Center
 136 N. Campbell Station Road
 Knoxville, TN 37934
 FAX: (865) 671-4622

Application and Contract for Commercial Service

BUSINESS INFORMATION						
Business Name				EIN / Tax ID		
Mailing Address			City	State	ZIP	
Business Phone	Primary Business Activity		Business Type			
			<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
BUSINESS REPRESENTATIVE						
Last Name		First Name		MI	Social Security Number	
Job Title				Phone		
SERVICE INFORMATION						
Service Address			City	State	ZIP	
Date Service Requested	Rent / Lease?	Landlord's Name				
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
SIGNATURE						
<p>The undersigned applies to Lenoir City Utilities Board (LCUB) for services (which includes service at any location as the undersigned hereby requests or may hereafter request or receive from LCUB) and agrees to receive and pay for such services rendered or reserved for use of the undersigned when bills are rendered in accordance with the rates of LCUB in effect at the time services are rendered. The undersigned acknowledges receipt of a copy of the LCUB Service Policy and agrees to abide by the Service Policy and all other policies and regulations of LCUB relating to service rendered pursuant to this contract. The undersigned understands and agrees that all service provided hereunder is subject to termination upon the delinquency of any one existing account pursuant to this contract. The undersigned accepts all liability for all attorney fees, collection fees, or court costs incurred by LCUB for the collection of any accounts existing hereunder.</p>						
Date		Signature				

OFFICE USE ONLY

LOCATION # _____ CUSTOMER # _____ SORD # _____
 EPOSIT # _____ AMOUNT \$ _____ DATE _____