



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

**Lenoir City Service Center**  
7698 Creekwood Park Boulevard  
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 Residential Service

APPLICANT INFORMATION							
Last Name		First Name		MI	Social Security Number		Driver's License Number
Date of Birth		Home Phone		Cell Phone		Employer Name and Phone Number	
SPOUSE / ROOMMATE INFORMATION							
Last Name		First Name		MI	Social Security Number		Driver's License Number
Date of Birth		Cell Phone		Employer Name and Phone Number			
SERVICE INFORMATION							
New Service Address				City		State	ZIP
Subdivision (new construction only)		Lot	Property Type <input type="checkbox"/> House <input type="checkbox"/> Apartment / Condo <input type="checkbox"/> Other _____ (barn, garage, well house, etc.)				
Date Service Requested		Homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No		Renter? <input type="checkbox"/> Yes <input type="checkbox"/> No		Landlord's Name	
						Landlord's Phone	
Previous Service Address				City		State	ZIP
Billing Address (if different from New Service Address)				City		State	ZIP
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		Applicant Signature					
Date		Spouse / Roommate Signature					

\*\*\*OFFICE USE ONLY\*\*\*

LOCATION # \_\_\_\_\_ CUSTOMER # \_\_\_\_\_ SORD # \_\_\_\_\_  
DEPOSIT # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DATE \_\_\_\_\_