

GALLATIN PUBLIC UTILITIES
LANDLORD ACCOUNT

BUSINESS NAME:
PERSON RESPONSIBLE FOR BILL:
MAILING ADDRESS:
CITY: STATE: ZIP:
PHONE#: FAX#:
DRIVERS LICENSE#: SOCIAL SECURITY#:
TAX ID#: EMAIL ADDRESS:
SERVICE ADDRESS:
PERSONS AUTHORIZED TO ACCESS ACCOUNTS:

I/We hereby make application to Gallatin Public Utilities (referred to as the Department) for utility service at the location given or any other location or premises occupied or designated, if said locations are on or connected with the Department's existing utility lines and these lines are suitable for the service applied for.

I/We agree to be responsible for the charges for all water and/or gas consumed at the location designated, as measured by the Department's meters in accordance with the standard rates, rules, and regulations of the Department, as may be established from time to time for such class of service. I/We further agree and understand that any interruption in service (disconnection) as the result of non-payment of charges will result in the revocation of your landlord privileges. Also, failure to pay final account balances will result in the revocation of landlord privileges.

It is understood that this application or agreement is subject to the standard rules and regulations of the Department, on file for inspection at the office of the Department, and such rules and regulations are hereby made part of this agreement.

SIGNATURE DATE