



**WATER and/or SEWER SERVICE
CONNECTION REQUEST**

NAME: _____

ADDRESS: _____

PHONE: (At what number may we reach you between 8 a.m. & 5 p.m.?) _____

PROPERTY ADDRESS/LOCATION TO BE SERVED (Attach map of property, if available)

FULL NAME OF OWNER: _____

The undersigned agrees that City of Sevierville shall not be liable for any damages caused that are the result of failure of any parts, defective or faulty installations, or equipment not provided by or done by the City.

_____ Additional charges for installation and/or inspection fees may be due and will be added to and be payable with the first water/sewer bill. It is the responsibility of the customer to install or to have installed a pressure-reducing valve on all service lines.
INITIAL

By the City of Sevierville accepting tap fee or deposit paid by applicant at the time of filing this request, same does not constitute an approval for or acceptance by the City of Sevierville to provide the services requested in this application. Approval of this application and agreement to provide the services requested herein is subject to the City's formal approval, if any, of this application. Before approval, if any, applicant may be required to satisfy conditions and requirements of the Sevierville Water & Sewer Department and/or the City of Sevierville.

If approval is granted, applicant will be notified by the City of Sevierville. If approval is not granted by the City, any tap fee or deposit paid to the City at the time of making this application will be refunded to applicant. The undersigned acknowledges that approval or disapproval of this application is solely at the discretion of the City and that the City is under no obligation to provide the service requested herein.

The undersigned agrees that he/she is personally responsible for and agrees to pay for all charges made by the City of Sevierville for labor and materials provided by the Sevierville Water & Sewer Department as a result of this request and authorization, and that failure to make payment in full, in accordance with billing invoice, will result in discontinuance of service.

Read above before signing.

***This request will remain active for one year. All fees will be calculated at the rate current on the date of payment.**

Signature of Customer _____ Date _____

Printed Name of Customer _____

Customer Acknowledgement of
Receipt of Well Inspection Report _____ Date _____

