



TOWN OF COLLIERVILLE

Water - Sewer - Refuse

ACCOUNT UPDATE

To be used primarily for name and address changes

APPLICANT LAST NAME	FIRST	M.I.	DATE OF BIRTH	TELEPHONE NUMBER
---------------------	-------	------	---------------	------------------

SERVICE ADDRESS	CITY	STATE	ZIP CODE
-----------------	------	-------	----------

APPLICANT SOCIAL SECURITY NUMBER	DRIVER LICENSE NO.	STATE
----------------------------------	--------------------	-------

PLACE OF EMPLOYMENT _____ PHONE NO. _____

ADDRESS _____ POSITION OR JOB HELD _____

SPOUSE (OR CO-APPLICANT) NAME _____ EMPLOYED BY _____

SOCIAL SECURITY NUMBER	WK. PHONE NO. ()
(SPOUSE OR CO-APPLICANT)	

AT THIS SERVICE ADDRESS, DO YOU OWN? _____ RENT? FROM _____ TO _____
(DATE OF PURCHASE) (DATE) (DATE)

IF RENTAL, WHAT IS THE NAME AND ADDRESS OF YOUR LANDLORD?

PHONE NO. () _____

NEAREST RELATIVE'S NAME _____ PHONE NO. () _____

ADDRESS _____ CITY _____

REASON FOR UPDATE _____

DATE	FOR OFFICE USE ONLY	CHECKED BY: _____
TRANS. ACCT. #	NEW ACCT. #	

The undersigned requests revisions to the utility service(s) account and agrees to pay for said service(s) as measured by Town of Collierville Public Utilities metering devices in accordance with the applicable rates and charges as specified in the Town's rate schedule for the address until the Town of Collierville receives a request to discontinue the services or discontinues the service due to failure to comply to this agreement. The customer agrees to allow right of access to Town of Collierville Public Utilities agents on the customer's premises at all reasonable times and for necessary purposes. I/We assume responsibility for service beginning from connection date or until the Town of Collierville is notified of cancellation of service, that all billings rendered by said company shall be due and payable upon receipt. Failure to receive a bill does not release a customer from payment obligations. **Non payment of account will be reported to Memphis Consumer Credit. The customer shall pay all collection expenses or attorney fees due to default or failure to perform the obligations incurred as set forth in this agreement.** Information submitted to the Town of Collierville in this service agreement is correct and true to the best of my knowledge and belief.

APPLICANT'S SIGNATURE _____ DATE _____

JOINT APPLICANT'S SIGNATURE _____

PROCESSED BY _____ DATE _____