

# CLAIBORNE UTILITIES DISTRICT

P.O. Box 606 • New Tazewell, TN 37824 • Phone 626-4282

## GAS CONTRACT

I, the undersigned have requested gas service of the CLAIBORNE UTILITIES DISTRICT. I understand that there will be a customer paid installation cost of \$ \_\_\_\_\_ for lines up to 100 ft. Furthermore, any line in excess of 100 ft. will incur an additional \$1.00 per foot cost.

By agreeing to these terms and having a gas pipe installed I also agree that there will be an appliance (gas furnace, gas water heater, gas logs, gas stove, gas dryer, etc.) connected to this service within a period of six months. If I fail to have an appliance connected to my gas service. I understand that I will incur an additional \$250.00 cost.

I understand that I will pay a gas service and maintenance fee of \$ \_\_\_\_\_ per month.

I understand that there will be a bill once each month and agree to pay same. I understand that I will pay a net bill if paid on or before the due date each month and a gross bill after the due date. I further understand that if the bill is unpaid 10 days after due date, service will be discontinued without further notice, and that entire bill plus a \$50.00 service charge must be paid before service can be restored.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Account # \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Social Security # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_