CITY OF RIDGETOP

Ridgetop, Tennessee 37152

Gas Turn On Form

Account Number	Date:	
Name:		Owner () Renter ()
Social Security Number	Drivers Li	cense Number
Spouse's Name: (If applical	ole)	
Mailing Address:		
Property Location:		
If Rental, Property Owners	Name:	
Telephone Number	EMAIL BILLS:	
ni (F 1	EMAIL BILLS: Provide Email Address Phone Number	
must first pay the outstanding portion of my bill remains unp	bill balance along with a \$25.00 re	I want to have the service reconnected, I connection fee. I understand that if any torney or collection agency be employed all collection/service fees.
I agree that once I sign this agr further agree and state that my that of my spouse or another a this agreement. All informatio	eement I have read all the terms a signature constitutes not only my dult person. I state and affirm than contained herein is true and accand signatures are here and made	and conditions of this agreement. It acceptance of the agreement but also it I have their authority to bind them to urate to the best of my knowledge and
Date of Service to be turn		
Date of Service to be full	34	
Applicant Signature	Date Submitted	
Amount Received:	Method of Payment	Receipt Number
Meter Reading	Meter #:	ERT#: