

MADISON SUBURBAN UTILITY DISTRICT SERVICE APPLICATION- APLICACION DE SERVICIO

615-868-3201 Phone • 615-868-5595 Fax • P.O. Box 175 108 W Webster St • Madison, TN 37115 • www.msud.net

Complete and submit this form to begin new service. **Complete y envíe este formulario para comenzar un nuevo servicio.**
We provide next business day service, requests are completed Monday – Friday between 7:30am and 4:00pm (excluding holidays)

Brindamos servicio al siguiente día de negocio, las solicitudes se completan de Lunes a Viernes de 7:30am a 4:00pm (excepto días festivos)

***Required fields *Requeridos**

PRIMARY APPLICANT INFORMATION - INFORMACION DE LA APLICACION PRINCIPAL			
*FIRST NAME: Primer Nombre:	*MIDDLE INITIAL: Segundo Nombre:	*LAST NAME: Apellido:	
BUSINESS NAME: Nombre del Negocio:			
PRIMARY PHONE#: Numero de telefono primario:		SECONDARY PHONE#: Numero secundario:	
*SOC SEC# / TAX ID# Numero social/TAX IDW-7:		EMAIL ADDRESS: Correo electronico:	
*DRIVER'S LICENSE: Numero de Licencia O ID:		SIGN UP FOR EBILLING? Desea factura electronica?	YES NO SI NO
OCCUPANTS WITH SPECIAL NEEDS? Ocupantes con necesidades especiales?		RECEIVE PAPER BILL? Desea factura de papel?	YES NO SI NO

ADDRESS INFORMATION - DATOS DEL DOMICILIO			
*SERVICE ADDRESS Direccion de Servicio:		APT# APT#	LOT# LOTE#
*CITY: Ciudad:	*STATE: Estado:	*ZIP: Codigo Postal:	SUBDIVISION:
WELL ON PROPERTY? Hay un pozo de agua en la propiedad?	IS IT CURRENTLY USED? Se esta usando actualmente?	<input type="checkbox"/> HOUSE <input type="checkbox"/> MODULAR HOME <input type="checkbox"/> DUPLEX Hogar Casa Modular Duplex	
MAILING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS) Direccion (si es diferente a la direccion de servicio)		APT # APT#	LOT # LOTE#
CITY: Ciudad:	STATE: Estado:	ZIP: Codigo Postal:	OWN <input type="checkbox"/> RENT DUENO INQUILINO

WATER SERVICE-CALL FOR NON-REFUNDABLE FEES - SERVICIO DE AGUA-LLAME PARA TARIFAS DE CONEXION NO REEMBOLSABLES			
WATER FEES: Tarifas de Agua:		DEPT USE Uso del Departamento	
*SERVICE START DATE: Fecha de inicio del servicio:		ACCOUNT # Numero de cuenta#	WORK ORDER# Numero de orden de servicio#

CREDIT / DEBIT CARD INFORMATION - INFORMACION DE TARJETA DE CREDITO/DEBITO					
<input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER	CARD NUMBER: Numero de Tarjeta:	CVV# Los 3 numeros atras de la tarjeta	EXPIRATION DATE: Fecha de caducidad:	MONTH: Mes:	YEAR: Año:
CARD BILLING ADDRESS Direccion de facturacion de la tarjeta		STATE: Estado:	CITY: Ciudad:	ZIP: Codigo Postal:	
NAME ON CARD Nombre que aparece en al tarjeta					

I accept Madison Suburban Utility District's Water Service Agreement shown below.

Yo acepto Madison Suburban Utility District's contrato de servicio de agua que se muestra a continuacion.

*CUSTOMER SIGNATURE *FIRMA DEL CLIENTE	*DATE *FECHA
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COMMERCIAL ACCOUNT CUSTOMERS MUST CONTACT MSUD AT 615-868-3201 TO ESTABLISH SERVICE.
LOS CLIENTES DE CUENTAS COMERCIALES DEBEN COMUNICARSE CON MSUD AL 615-868-3201 PARA ESTABLECER EL SERVICIO.

TERMS, CONDITIONS, RULES AND REGULATIONS

1. FOR THE PROPER SIZE TAP, DISTRICT AGREES TO FURNISH AND INSTALL A METER, TITLE TO SAID METER SHALL BE VESTED IN DISTRICT; SAME SHALL BE READ, FROM TIME TO TIME, BY AUTHORIZED REPRESENTATIVE OF DISTRICT. CONSUMER GIVES SUCH REPRESENTATIVE PERMISSION TO ENTER HIS PREMISES FOR THIS PURPOSE. CUSTOMER AGREES THAT THE AREA SURROUNDING THE METER WILL BE FREE FROM OVERGROWTH AND OBSTRUCTIVES AT ALL TIMES.
2. CONSUMER SHALL LAY AT THEIR EXPENSE AND SHALL OWN AND MAINTAIN ANY AND ALL LATERAL, SERVICE LINES OR PIPES FROM SAID METER ON HIS PREMISES.
3. CONSUMER AGREES NOT TO WASTEWATER. DISTRICT SHALL HAVE THE RIGHT TO DETERMINE WHAT CONSTITUTES WASTE AND MAY ACT WHEN NECESSARY TO RESTRICT THE USE OF WATER OR CUT OFF SAME IN ORDER TO STOP SUCH WASTE.
4. CONSUMER AGREES IN THE EVENT SAID METER IS DAMAGED OR DESTROYED, EXCEPT BY ACT OF THE DISTRICT, THAT SAME SHALL BE REPAIRED OR REPLACED AT CONSUMER'S EXPENSE.
5. CONSUMER SHALL PAY FEES IN ACCORDANCE WITH THOSE DETERMINED AND SET BY THE BOARD OF COMMISSIONERS, SUCH FEES ARE SUBJECT TO CHANGE BY THE BOARD OF COMMISSIONERS WHENEVER DEEMED NECESSARY BY SAME IN ACCORDANCE WITH THE LAWS OF THE STATE OF TENNESSEE. A SCHEDULE OF FEES IS AVAILABLE UPON REQUEST.
6. A PERIODIC BILL, EITHER BI-MONTHLY OR MONTHLY, WILL BE RENDERED BY THE DISTRICT; AND UNLESS SAME IS PAID WITHIN TEN DAYS, THE DISTRICT SHALL HAVE THE RIGHT TO SHUT OFF THE WATER WITHOUT FURTHER NOTICE, SERVICE SHALL NOT BE REINSTATED UNTIL CONSUMER SHALL HAVE PAID ALL AMOUNTS DUE, TOGETHER WITH A SERVICE FEE THEREFOR.
7. DISTRICT DOES NOT GUARANTEE QUANTITY, FLOW, OR QUALITY OF WATER AND MAKES NO WARRANTY, EITHER EXPRESSED OR IMPLIED, THAT THE SUPPLY WILL BE SUFFICIENT TO MEET CONSUMER'S NEEDS.
8. DISTRICT MAY, WHEN NECESSARY TO MAKE REPAIRS OR FOR ANY OTHER LAWFUL REASON OR FOR CAUSE BEYOND ITS CONTROL SHUT OFF CONSUMER'S WATER SUPPLY WITHOUT BEING LIABLE THEREFOR.
9. DISTRICT SHALL HAVE THE RIGHT AT ANY TIME BY ACTION OF ITS BOARD OF COMMISSIONERS TO MAKE CHANGES AND PUT INTO EFFECT RULES AND REGULATIONS GOVERNING THE USE OF WATER, AS WELL AS ESTABLISHING, SETTING, AND CHANGING OF FEES.
10. IN THE EVENT OF A VIOLATION OR BREACH OF THIS AGREEMENT BY THE CONSUMER, DISTRICT SHALL HAVE THE RIGHT TO CUT OFF CONSUMER'S WATER AND SERVICE SHALL NOT BE TURNED ON EXCEPT BY THE DISTRICT UPON CONSUMER CORRECTING SUCH VIOLATION OR BREACH AND PAYMENT OF A FEE THEREFOR.
11. UPON DEFAULT OF CONSUMER IN PERFORMANCE OF ANY OF CONSUMER'S OBLIGATIONS UNDER THIS AGREEMENT, AND FAILURE TO CURE SUCH DEFAULT WITHIN TWENTY (20) DAYS AFTER WRITTEN NOTICE, THE DISTRICT MAY PLACE THE MATTER IN THE HANDS OF AN ATTORNEY FOR RESOLUTION, AND THE CONSUMER AGREES TO PAY THE REASONABLE ATTORNEY'S FEES AND ANY EXPENSES INCLUDING COURT COSTS OCCASIONED BY SUCH DEFAULT AND ACTION ON ACCOUNT THEREOF.
12. THE UNDERSIGNED STATES THAT HE/SHE IS SURETY FOR THE PERFORMANCE OF THE OBLIGATION OF THE CORPORATE OR PARTNERSHIP CUSTOMER UNDER THIS AGREEMENT.
13. THE FOREGOING AGREEMENT SHALL BE BINDING UPON THE PARTIES HERETO, THEIR HEIRS, SUCCESSORS, PERSONAL REPRESENTATIVES, LESSEES, GRANTEEES, AND ASSIGNS AND MAY ONLY BE CANCELLED BY CONSUMER BY GIVING ONE DAY'S WRITTEN NOTICE TO THE DISTRICT, OR BY THE DISTRICT FOR ANY LAWFUL REASON BY GIVING LIKE NOTICE TO CONSUMER.

The Madison Suburban Utility District of Davidson County, Tennessee

Cross Connection Questionnaire Survey

Sistema de Agua Encuesta De Conexión Cruzada

*Occupant _____
Residente

*Occupant Address _____
Dirección del residente

- 1) Occupancy: ___ Own ___ Rent
 ___ Dueño ___ Inquilino
- 2) Meter serves Homes How Many? _____
Medidor sirve Casas ¿Cuántos? _____
 Edificios ¿Cuántos? _____
- 3) *Do you have a Hot Tub? Yes _____ No _____
*¿Tiene usted una Tina Hidromasaje? Si _____ No _____
- 4) *Do you have a swimming pool? Yes _____ No _____
*¿Tiene usted una piscina? Si _____ No _____
- 5) *Do you have a Jacuzzi? Yes _____ No _____
*¿Tiene usted una Jacuzzi? Si _____ No _____
- 6) *Do you have a waterbed? Yes _____ No _____
*¿Tiene usted una cama de agua? Si _____ No _____
- 7) *Do you have a Solar System? Yes _____ No _____
*¿Tiene usted sistema solar? Si _____ No _____
- 8) *Do you have a Green House? Yes _____ No _____
*¿Tiene usted invernadero? Si _____ No _____
- 9) *Do you have an underground sprinkler system? Yes _____ No _____
*¿Tiene usted Sistema de regadera subterránea? Si _____ No _____
- 10) *Do you have darkroom equipment? Yes _____ No _____
*¿Tiene usted equipo de habitación oscuro para reveler fotos? Si _____ No _____
- 11) *Do you have a drip/soaker/irrigation system? Yes _____ No _____
*¿Tiene usted un Sistema de goteo/Sistema de irrigación? Si _____ No _____
- 12) *Do you have insecticide sprayers that attach to a garden hose? Yes _____ No _____
¿Tiene usted un rociador de insecticidas unido a la manguera? Si _____ No _____
- 13) *Do you have a utility sink with a threaded faucet? Yes _____ No _____
*¿Tiene usted un lavadero de servicios que tiene grifos con rosca? Si _____ No _____
- 14) *Do you have a wood burning hot water heater? Yes _____ No _____
*¿Tiene usted quemadero de agua caliente a leña? Si _____ No _____

- 15) *Do you have a portable dialysis machine? Yes _____ No _____
 *¿Tiene usted una máquina de diálisis portable? Si _____ No _____
- 16) *Do you have a bathtub that fills from the bottom? Yes _____ No _____
 *¿Tiene usted tina que se llena desde abajo? Si _____ No _____
- 17) *Do you have a water softener or any extra water treatment system? Yes _____ No _____
 *¿Tiene usted suavizador de agua o otro Sistema de tratamiento de agua? Si _____ No _____
- 18) *Do you have an auxiliary water supply on your premises? Yes _____ No _____
 *¿Tiene usted un Suministrador de agua auxiliary en su local? Si _____ No _____
- 19) *Do you have livestock and use a water trough or water system connected to by public water? Yes _____ No _____
 *¿Tiene usted Ganado y usa agua a través del Sistema conectado al agua público? Si _____ No _____
- 20) *Is your home or building elevated above your water meter? Yes _____ No _____
 ¿Está su casa o edificio elevado encima de su medidor de agua? Si _____ No _____
- 21) *Does a creek, river, or spring water run near or on your property? Yes _____ No _____
 ¿Pasa un arroyo, rio, o manantial cerca de su propiedad? Si _____ No _____
- 22) *Do you have a booster pump? Yes _____ No _____
 ¿Tiene usted una bomba para aumentar la presión de agua? Si _____ No _____
- 23) *Do you have a well pump? Yes _____ No _____
 ¿Tiene usted pozo de bombeo? Si _____ No _____
- 24) *Do you have any other type of water pump? Yes _____ No _____
 ¿Tiene usted cualquier tipo de bomba de agua? Si _____ No _____
- 25) *Do you receive irrigation water from a different source? Yes _____ No _____
 ¿Recibe usted agua de irrigación de diferente Fuente? Si _____ No _____
- 26) *Do you have a backflow protection device on your property now? Yes _____ No _____
 ¿Tiene usted una protección de contraflujo ahora? Si _____ No _____
- 27) *Do you have any situation that you are aware of that could create a cross-connection? Yes _____ No _____
 ¿Está usted en una situación o esta consciente que puede crear una conexión cruzada? Si _____ No _____
- 28) *Do you have any other water-using equipment on your property not mentioned above? Yes _____ No _____
 ¿Está usando usted otros equipos de agua en su propiedad no indicados antes? Si _____ No _____

If yes, please list below/Si es asi, por favor describa abajo:

 Print Name*/Nombre*

 Phone #*/no. de Teléfono*

 Email Address/Correo electrónico

 Signature*/Firma*

 Date*/Fecha*

*Required fields/*Requeridos