

NEW ALBANY LIGHT, GAS, & WATER

126 WEST MAIN STREET ~ P.O. DRAWER 727

NEW ALBANY, MS 38652

(662)534-1041

APPLICATION FOR COMMERCIAL SERVICE

Sole Proprietorship

Business name _____ Phone _____ Tax ID # _____

Service address _____ City _____ State _____ Zip _____

Mailing address _____ City _____ State _____ Zip _____

Person(s) responsible for payment _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Partnerships, Limited Liability Companies (LLC) and Limited Liability Partnerships (LLP)

Business name _____ Phone _____ Tax ID # _____

Service address _____ City _____ State _____ Zip _____

Mailing address _____ City _____ State _____ Zip _____

Managing Partner or Director _____ Phone _____

Address _____ City _____ State _____ Zip _____

Applicant will be responsible for obtaining all necessary right-of-way, locating and marking all underground utilities, septic tanks, etc., marking desired location for meters and for any damage which might occur when requested services is initiated.

Applicant agrees to permit authorized agents of the New Albany Light, Gas & Water Department free access to the premises of consumer for the purpose of inspecting, meter reading, repairing or removing property of the New Albany Light, Gas & Water Department.

I certify that the information furnished herein is correct. I understand that if I have knowingly misrepresented any of the above information, all monies paid by me with this application are subject to forfeiture, my utility service may be discontinued and an additional deposit may be required, all at the option of New Albany Light, Gas & Water Department.

In the case of default of payment I promise to pay any legal interest due, together with any collection agency cost and reasonable attorney fees incurred to collect on this account and any subsequent location.

By signing below, I authorize New Albany Light, Gas & Water to use my social security number which is _____ for the purpose of proof of identity and to secure a copy of my credit rating. I understand that, should I decide to revoke this authorization, I must do so in writing and present same to the Department of Light, Gas and Water.

This the _____ day of _____, 20____.

Signature: _____ Date: _____

TVA provides regulatory oversight for your Local Power Company's rates and service practices. If you have an issue or complaint that you have not been able to resolve with your Local Power Company, TVA's Complaint Resolution Process may be able to help.

There are three ways to begin the process:

- Online at www.tva.com/complaintresolution
- Email complaintresolution@tva.gov
- Call the TVA Regulatory hotline at 1-888-289-8409