MURRAY PUBLIC WORKS AND UTILITIES

APPLICATION FOR SERVICE

RECEIVED BY:_____

DATE W/0 MADE:_____

**TYPE OF SERVICE**

Residential _____ Natural Gas _____ City _____ Account Number_____

Commercial _____ Water _____ County _____ _____

Industrial _____ Wastewater _____ Main Ext. _____ _____

_____

**APPLICANT INFORMATION**

Applicant_____

Mailing Address _____ Employed By _____

_____Telephone Number (Home)_____

(Work)_____

Service Address _____Spouse's Name_____

Subdivision Name _____ Spouse's Employment _____

Lot Number_____ Block Number _____ Spouse's Work Number _____

**NATURAL GAS**

Gas Merchant_____

Flag Placement Notification Date _____

Additional Comments _____

_____

_____

_____

| | |
|---|---|
| Gas Tap-On Fee | $_____ |
| Excess Footage Fee | $_____ |
| Main Extension Fee | $_____ |
| Connect Fee | $_____ |
| Other | $_____ |
| TOTAL DUE | $_____ |

**WATER AND WASTEWATER**

Plumber_____

Contractor_____

Additional Comments_____

_____

_____

_____

| | |
|---|---|
| Water Tap-On Fee | $_____ |
| Wastewater Tap-On Fee | $_____ |
| Main Extension Fee | $_____ |
| Connect Fee | $_____ |
| Other | $_____ |
| TOTAL DUE | $_____ |

**ACKNOWLEDGEMENT**

The affixed signature acknowledges access rights to employees of the Murray Natural Gas System, Murray Water and Wastewater Systems and Murray Public Works and Utilities to maintain and inspect meters, regulators, and service lines as deemed necessary. All lines, regardless how installed up to and including the meter, shall be the property of Murray Public Works and Utilities, Natural Gas, Water and/or Wastewater Division.

CONSENT TO ANNEXATION (IF APPLICABLE): IN CONSIDERATION OF THE CITY OF MURRAY EXTENDING UTILITIES, I DO AT THIS TIME AND WILL IN THE FUTURE CONSENT TO THE ANNEXATION OF MY PROPERTY INTO THE BOUNDARIES OF THE CITY OF MURRAY, KENTUCKY.

STATE OF KENTUCKY, COUNTY OF CALLOWAY
SUBSCRIBED AND SWORN TO BEFORE ME BY

_____, Applicant
on this the _____of_____, 20_____

_____
Notary Public, State at Large, Kentucky

My Commission Expires_____

_____
Applicant Date

_____
Additional Signature, if required Date