

N/CG UTILITY DISTRICT  
2002 Johnson Industrial Blvd  
P.O. Box 127  
Nolensville, TN 37135  
Phone: 615-776-2511 Fax: 615-776-2591  
[www.ncgud.com](http://www.ncgud.com)

**CONSUMER'S CONTRACT**

Date \_\_\_\_\_

**Copy of Driver's License Required**

**Date of Transfer** \_\_\_\_\_

Number of Occupants: \_\_\_\_\_

- Owner
- Renter
- Property mgt./ Realtor

**Irrigation:** Yes No

Builder \_\_\_\_\_

**Service Fee ( Non Refundable ) : \$ 75.00**  
**( Will be added to First Bill )**

Subdivision \_\_\_\_\_

Lot Number \_\_\_\_\_

Customer Name \_\_\_\_\_

Email Address \_\_\_\_\_

Service Address \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number 1 \_\_\_\_\_ Phone Number 2 \_\_\_\_\_

Mailing Address \_\_\_\_\_

(If different than above)

Zip \_\_\_\_\_

I hereby make application to be supplied with water services by the N/CG Utility District, for the purpose specified below, and agree to use the water in conformity with the rules and regulations of the District, and to pay for it at the location specified above.

I further agree that I will claim no damages on account of the stoppage of the flow of water resulting from accident or when necessary to make alterations, repairs, improvements, or for non-payment of the water bill.

I further agree to pay for the full amount of water registered by the meter at the established district rate, be it due to use waste, leakage or any other cause, within 15 days from the date on which bill is rendered.

I certify that the premises are now in readiness for the water to be turned on.

I further agree to pay for water consumed at the premises subscribed for/by me until this contract is terminated by written notice.

**CUSTOMER'S SIGNATURE:** \_\_\_\_\_

N/CG Utility District is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or by fax (202) 690-7422 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination. You are not required to furnish this information, but are encouraged to do so.

Gender: Male Female  
Ethnicity: Hispanic or Latino Not Hispanic or Latino  
Race: (Mark one or more) White Black or African American American Indian/Alaska Native