

Tentative box _____
Meter box set _____

AUGUSTA ESTATES

GRAND PRAIRIE BAYOU TWO PUBLIC WATER AUTHORITY WATER & WASTEWATER USER AGREEMENT

RATE CODE 9

DATE _____

ACCOUNT# _____

ROUTE# 104 PUMP# 1 LOCATION# _____

I, _____, HEREBY MAKE MY APPLICATION TO THE GRAND PRAIRIE BAYOU TWO PWA/WW BOARD FOR MEMBERSHIP IN THE ASSOCIATION AND FOR WATER & WASTEWATER SERVICE AT THE FOLLOWING LOCATION:

- I AGREE:**
1. TO INSTALL AND MAINTAIN AT MY EXPENSE THE NECESSARY SERVICE LINE TO CAUSE THE PROPERTY DESCRIBED ABOVE WHICH IS OWNED OR OCCUPIED BY ME TO BE CONNECTED WITH THE WATER & WASTEWATER SYSTEMS AT THE PROPERTY LINE.
 2. TO USE THE SERVICES IN ACCORDANCE WITH THE RULES, REGULATIONS, POLICIES AND PROCEDURES THAT HAVE BEEN ESTABLISHED BY GRAND PRAIRIE BAYOU TWO PWA/WW AND TO PROMPTLY PAY FOR THE WATER & WASTEWATER SERVICE AT THE APPLICABLE SCHEDULE OF RATES.
 3. TO GRANT GRAND PRAIRIE BAYOU TWO PWA/WW AN EASEMENT FOR THE WATER & WASTEWATER LINES OVER, UNDER, OR ACROSS ANY REAL PROPERTY BOUNDING THE PLANNED SERVICE LINES OF GRAND PRAIRIE BAYOU TWO PWA/WW.
 4. **UPON SERVICE ACTIVATION, I ACKNOWLEDGE BILLING AND OBLIGATION TO PAY A MINIMUM MONTHLY FEE OF \$50 FOR WASTEWATER SERVICE AVAILABILITY, WHETHER OR NOT CONSUMPTION HAS OCCURRED.**

IT IS FUTHER UNDERSTOOD THAT IF FOR ANY REASON GRAND PRAIRIE BAYOU TWO PWA/WW IS UNABLE TO PROVIDE ME WITH THE SERVICE ANTICIPATED BY THIS APPLICATION, MY CONNECTION FEE SHALL BE REFUNDED TO ME.

TYPE OF CONNECTION: SAME SIDE T-OFF LOT# _____ PRE-ENCASED

* METER BOX RISER ELEVATION: RAISED _____ ft/in OR LOWERED _____ ft/in * WW LOCATION DISCUSSED _____

METER DEPOSIT _____

X _____
APPLICANT SIGNATURE

SERVICE CHARGE _____

X _____
CO-APPLICANT SIGNATURE

WATER CONNECTION FEE _____

WASTEWATER CONNECTION FEE _____

MAILING/BILLING ADDRESS

INSPECTION FEE _____

Report done _____

CITY STATE ZIP

CERTIFICATE OF OCCUPANCY _____

C.O. Report done _____

Declined C.O. _____

PRIMARY PHONE: _____

TOTAL DUE: _____

CO-APPLICANT CELL PHONE: _____

CASH CREDIT CARD CHECK# _____

PRIMARY E-MAIL ADDRESS: _____

CO-APPLICANT E-MAIL ADDRESS: _____

WANTS A PAPER BILL: YES OR NO (please circle one)

DL# _____ SS# _____ - _____ - _____

DL# _____ SS# _____ - _____ - _____

MISC. INFORMATION/DESCRIPTION OF HOME _____