

Tentative box \_\_\_\_\_  
Meter box set \_\_\_\_\_

CHECKED DATA BASE \_\_\_\_\_

# AUGUSTA ESTATES

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

RATE CODE 9
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DATE \_\_\_\_\_

ACCOUNT# \_\_\_\_\_

ROUTE# \_\_\_\_\_ PUMP# \_\_\_\_\_ READING SEQUENCE # \_\_\_\_\_

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: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CASH  CREDIT CARD  CHECK# \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ WANTS PAPERLESS BILL: \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DL# \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DL# \_\_\_\_\_

MISC. INFORMATION/DESCRIPTION OF HOME \_\_\_\_\_

OWNER \_\_\_\_\_ RENTER \_\_\_\_\_ Lease Received \_\_\_\_\_ Verbal \_\_\_\_\_