

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

# MT. TABOR ESTATES

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

**RATE  
CODE 6**

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 \$40 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 \_\_\_\_\_" MAIN

\* 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 \_\_\_\_\_