# MOSELLE WATER ASSOCIATION

USER AGREEMENT

\_\_\_\_\_\_\_\_\_\_\_\_

(date)

ACCT#\_\_\_\_\_\_\_\_SERIAL #\_\_\_\_\_\_\_\_\_\_\_\_SEQUENCE#\_\_\_\_\_\_\_\_\_\_ROUTE# \_\_\_\_\_\_\_

Current Meter Reading\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBERSHIP \_\_\_\_\_\_\_\_\_\_\_

METER DEPOSIT \_\_\_\_\_\_\_\_\_\_\_ (Renter) Landlord signature required

INSTALLATION \_\_\_\_\_\_\_\_\_\_\_\_\_

# **Backflow Prevention Valve \_\_\_\_\_\_\_\_\_\_\_\_\_**

TOTAL \_\_\_\_\_\_\_\_\_\_\_ CHECK# \_\_\_\_\_\_CASH\_\_\_\_\_\_\_

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOC. SEC. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE (601)\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE (601)\_\_\_\_\_\_\_\_\_\_\_\_

**WATER RATES**: **ROAD BORE:**

$22.00 0 – 3000 GALLONS UNDER COUNTY ROAD

$ 3.50 PER THOUSAND GALLONS THEREAFTER $375 PLUS PARTS

$ 1.00 FIRE PROTECTION

$ 1.00 EASEMENT LEASE UNDER STATE HIGHWAY

(FOR SELECT 16th SECTION ACCOUNTS) 100% OF COST

**The cut off policy for the Moselle Water Association is any bill that is not paid after 45 days is subject to disconnection. 1ST cut off charge will be $50.00 for reconnection, 2nd and each cut off thereafter will be $100.00 in a calendar year. After hours, reconnect fee is an additional $50.00 in cash.**

## AUTHORIZATION

***The applicant agrees that they have followed the guidelines set forth by the State Department of Health regarding onsite wastewater disposal.***

# The applicant does hereby grant authority to the Moselle Water Association to enter upon premises owned, claimed, or leased by the applicant and for the purpose of construction and maintaining the water system and contemplated and designed to serve the applicant.

This is the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_.

 Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Updated May 2013

 Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_