



## Minimum Applicable Monthly Rate

Monthly Base Rate \_\_\_\_\_

Backflow Prevention Program Charges \_\_\_\_\_

*Verify status of Preventer on Retirement Schedule* \_\_\_\_\_

This Will Be Your Minimum Monthly Bill: \_\_\_\_\_

Charges for ALL usage will be in accordance with District overage rate scale in effect at the time of usage. Changes in service or use which may pose a threat of contamination or pollution to the District distribution system under the established Backflow Prevention Program will result in application of rates and requirements outlined by District Policy.

### **All water bills are due and payable upon receipt.**

A bill will become delinquent if not paid within fifteen (15) days from the date on which the bill was mailed. Late charges will be calculated on the current monthly balance at the rate of 10% per month. If a monthly bill plus the late charge is not received by the District on the 24<sup>th</sup> day following the date on which the original bill was mailed, then the service will be disconnected, and **ALL** the accumulated charges **PLUS** a twenty-five-dollar (\$25.00) dispatch fee must be paid prior to the service being restored.

\_\_\_\_\_  
Customer Signature

## Applicable Fees Due with Application

Non-refundable Application Fee (This will be added to your first bill.) \_\_\_\_\_

Other Applicable Amounts Due (Includes outstanding balances on existing service if continuation of service is desired.) \_\_\_\_\_

**Total Fees Due** \_\_\_\_\_

Cash \_\_\_\_\_ Credit \_\_\_\_\_ Check # \_\_\_\_\_ AMOUNT OF PAYMENT RECEIVED \_\_\_\_\_

INFORMATION PROVIDED TO THE DISTRICT ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO THE TERMS OF THIS APPLICATION AND ACCEPT CONDITIONS OF SERVICE AS OUTLINED BY THIS APPLICATION AND THE UNDERSIGNED DISTRICT REPRESENTATIVE.

**APPLICANT SIGNATURE(REQUIRED)** \_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOU DIRIVER'S LICENSE WITH THIS APPLICATION**

DISTRICT REPRESENTATIVE \_\_\_\_\_