

**NORTHEAST PUBLIC WATER AUTHORITY  
66 FLORENCE DRIVE  
MOUNTAIN HOME, AR 72653  
(870)492-4211 OR FAX (870)492-4214**

**NEW INSTALLATION – ¾” Meter**

DATE:

I, \_\_\_\_\_ hereby make application to the Northeast Public Water Authority, (hereinafter called Company) to be a water user in the Company and for water service at the following location:

FOR SERVICE ADDRESS: \_\_\_\_\_ ACCOUNT#

Meter #: \_\_\_\_\_ Meter Size: ¾”

**I agree:**

1. **To maintain at my expense the necessary line to cause this property described above which is owned or occupied by me to be connected with the water works system at the property line.**  
117406388. To begin using water immediately after being notified by the Company that service is available, or to pay not less than the minimum water bill after notification of the Company that service is available, whether or not a connection is made or water consumed. It is further understood that any consumption in excess of the minimum rate will be charged for in accordance with the schedule of the monthly rates to be published by the Company.
117406504. To use the water in accordance with rules and regulations to be established by the Company and to promptly pay for the water at the applicable schedule of rates.
117406620. To pay water user deposit of \$70.00, said fee being refundable in accordance with the rules and regulations of the company, and an installation fee of \$1050.00 which is not refundable.
5. If road crossing is required, the cost will be billed on a separate invoice after work is completed and due upon receipt of invoice.
6. If rock removal is required, the cost will be billed on a separate invoice after work is completed and due upon receipt of invoice.

It is further understood that if, for any reason, the Company is unable to provide me with water service anticipated by this application, the full amount will be refunded to me.

WATER USER DEPOSIT	\$	70.00	
<u>INSTALLATION FEE</u>	\$	<u>1050.00</u>	
TOTAL DUE	\$	1120.00	_____ Signature of Owner

Billing Address \_\_\_\_\_

Social Security #or FID# \_\_\_\_\_ Drivers License # \_\_\_\_\_ State

Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to also receive a paper bill for a \$1.00 monthly fee? YES or NO

PLEASE ☐ WHITE ☐ AFRICAN AMERICAN ☐ ASIAN ☐ LATINO ☐ NATIVE AMERICAN ☐ PACIFIC ISLANDER  
CHOOSE: ☐ PREFER NOT TO ANSWER  
☐ MALE ☐ FEMALE ☐ NON-BINARY ☐ PREFER NOT TO ANSWER

**\*\*THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER, AND EMPLOYER\*\***

FOR OFFICE USE: DEED: \_\_\_\_\_ PAID: \_\_\_\_\_ BY: \_\_\_\_\_ CASH: \_\_\_\_\_ CHECK#: \_\_\_\_\_

The above water user account number is issued and accepted in accordance and subject to the conditions and restrictions stipulated in the articles of incorporation and By-laws and amendments to the same of the Northeast Public Water Authority.