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

## **NEW INSTALLATION – 1" Meter**

FOR SERVICE ADDRESS:	DATE:			
following location: FOR SERVICE ADDRESS:ACCOUNT#	I.	hereby mal	ke application to the Northe	ast Public Water Authority.
following location:       ACCOUNT#	(hereinafter called Company) to	be a water	user in the Company and for	or water service at the
FOR SERVICE ADDRESS:			1 5	
Lagree:         1. To maintain at my expense the necessary line to cause this property described above which if owned or occupied by me to be connected with the water works system at the property line.         2. 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 in accordance with the schedule of the monthly rates to be published by the Company.         3. 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.         4. To pay water user deposit of \$150.00, said fee being refundable in accordance with the trules and regulations of the company, and an installation fee of \$1300.00 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.         7. Agree to follow and abide by all currant Arkansas State Plumbing Codes.         8. I understand a Plumbing Permit must be purchased from this office before any repairs or new construction can begin.         11 sf outrher 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 \$ 150.00			ACCOUN	JT#
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INSTALLATION FEE       \$ 1300.00         TOTAL DUE       \$ 1450.00         Billing Address	<ul> <li>owned or occupied by me</li> <li>2. To begin using water immetion pay not less than the mitiavailable, whether or not a any consumption in excess the monthly rates to be puid.</li> <li>3. To use the water in accord promptly pay for the water.</li> <li>4. To pay water user deposite the rules and regulations of is not refundable.</li> <li>5. If road crossing is required, completed and due upon reaction.</li> <li>6. If rock removal is required, completed and due upon reaction.</li> <li>7. Agree to follow and abide</li> <li>8. I understand a Plumbing P construction can begin.</li> <li>It is further understood that if, for</li> </ul>	e to be connected and the ediately after nimum water a connection i s of the minim blished by the lance with rul r at the applic of <u>\$150.00</u> , s f the company d, the cost will ceipt of invoid by all curran Permit must be any reason, th	ected with the water works sy being notified by the Compar- bill after notification of the C is made, or water consumed. I num rate will be charged in ac- e Company. les and regulations to be estable vable schedule of rates. said fee being refundable in ac- y, and an installation fee of \$ <u>1</u> Il be billed on a separate invoice ce. be billed on a separate invoice ce. t Arkansas State Plumbing Co e purchased from this office be the Company is unable to provi	ystem at the property line. By that service is available, or ompany that service is t is further understood that cordance with the schedule of ished by the Company and to cordance with <u>300.00</u> which ce after work is e after work is des. efore any repairs or new
INSTALLATION FEE       \$ 1300.00         TOTAL DUE       \$ 1450.00         Billing Address	WATED LICED DEDOCIT	150.00		
TOTAL DUE       \$ 1450.00				
Billing Address				Signature of Owner
Social Security #or FID#       Drivers License #State         Phone #      Secondary Phone #	IOTAL DOL 4	14,50.00		
Phone #	Billing Address			
Phone #	Conicl Committee #on EID#		Driver Lierner #	State
Email:	Social Security #or FID#		Drivers License #	State
Email:	Phone #		Secondary Phone #	
Would you like to also receive a paper bill for a \$1.00 monthly fee? YES or NO         Does this address have a Sprinkler system or a Tied-in Pool? YES or NO       Is this address Commercial or Residential?         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#:				
Does this address have a Sprinkler system or a Tied-in Pool? YES or NO       Is this address Commercial or Residential?         PLEASE <ul> <li>WHITE</li> <li>AFRICAN AMERICAN</li> <li>ASIAN</li> <li>LATINO</li> <li>NATIVE AMERICAN</li> <li>PACIFIC ISLANDER</li> <li>CHOOSE:</li> <li>PREFER NOT TO ANSWER</li> <li>MALE</li> <li>FEMALE</li> <li>NON-BINARY</li> <li>PREFER NOT TO ANSWER</li> </ul> <li>**THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER, AND EMPLOYER**</li> <li>FOR OFFICE USE: DEED:</li> <li>PAID:</li> <li>BY:</li> <li>CASH:</li>		on hill for a f	1.00 monthly for 9 MES or NO	
CHOOSE:				commercial or Residential?
FOR OFFICE USE: DEED:PAID:BY:CASH:CHECK#:	CHOOSE: □ PREFER NOT TO ANSWE	ER		N 🗆 PACIFIC ISLANDER
	<b>**THIS INSTITUTION IS</b>	3 AN EQUAL	OPPORTUNITY PROVIDER,	AND EMPLOYER**
The above water user account number is issued and accepted in accordance				
and able at the son divisor and not initiate stimulated in the articles after another and De				

and subject to the conditions and restrictions stipulated in the articles of incorporation and Bylaws and amendments to the same of the Northeast Public Water Authority.