

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

NEW INSTALLATION – 2" Meter

DATE: \_\_\_\_\_

I \_\_\_\_\_, hereby make an 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:

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

Meter #: \_\_\_\_\_ Meter Size: 2"

Water User Deposit \$ 500.00

Meter Installation Fee \$ \_\_\_\_\_ \*Price Based on Current Meter and Aperture Costs\*

**TOTAL DUE TODAY .....**

\$

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

Social Security #or FID# \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_ Email: \_\_\_\_\_

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?

Mandatory reporting to the State of AR: ☐ WHITE ☐ AFRICAN AMERICAN ☐ ASIAN ☐ LATINO ☐ NATIVE AMERICAN ☐ PACIFIC ISLANDER  
CHOOSE: ☐ PREFER NOT TO ANSWER  
☐ MALE ☐ FEMALE ☐ NON-BINARY ☐ PREFER NOT TO ANSWER

**Please Initial after the following statements and sign below acknowledging your agreement:**

1. I agree to be responsible for the maintenance and cost of the service line that runs from my building to the water meter. \_\_\_\_\_
2. I acknowledge and accept that, once the water meter is installed, I will be responsible for paying at least the minimum monthly water bill, regardless of whether the property is connected or water is used. I also understand that any usage beyond the minimum will be billed according to NPWA's current monthly rate schedule. \_\_\_\_\_
3. I agree to pay a **refundable water user deposit**, subject to the company's policies. I understand that this deposit is separate from the **non-refundable meter installation fee**. \_\_\_\_\_
4. I agree to use water services in compliance with all applicable Rules and Regulations established by NPWA. \_\_\_\_\_
5. I agree to comply with all current Arkansas State Plumbing Codes. \_\_\_\_\_
6. I agree to obtain a plumbing permit from this office before starting any repairs or new construction. \_\_\_\_\_
7. I also understand that if NPWA is unable to provide me with the water service anticipated by this application, all money paid will be refunded to me. \_\_\_\_\_
8. I also understand all fees and the required deposit are due at the time of this agreement and must be paid in full before water service will be turned on. \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**\*\*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 with and subject to the conditions and restrictions stipulated in the articles of incorporation and By-laws and amendments to the same of NPWA.