

SOUTHERN MONTGOMERY COUNTY MUNICIPAL UTILITY DISTRICT

BULK WATER SERVICE APPLICATION

DATE: _____

COMPANY NAME: _____

CONTACT NAME: _____

CONTACT PHONE NUMBER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

LOCATION OF HYDRANT FOR INSTALLATION OF METER: _____

I REQUEST BULK WATER SERVICE AT THE ABOVE DISCRIBED LOCATION AND AGREE TO USE AND PAY THEREFORE IN ACCORDANCE WITH THE DISTRICT'S ESTABISHED RATES AND RULES. I FURTHER AGREE TO BE RESPONSIBLE FOR ALL CHARGES FOR WATER SERVICE AT THE ABOVE DESCRIBED LOCATION UNTIL I REQUEST DISCONTINUANCE OF SUCH SERVICE AND RETURN THE BULK METER TO THE DISTRICT OFFICE.

I AGREE THAT THE DISTRICT SHALL NOT BE LIABLE FOR (1) DAMAGE OF ANY KIND WHATSOEVER RESULTING FROM WATER OR THE USE OF WATER FROM THE DISTRICT'S FLUSHING VALVE BEING USED FOR THIS BULK WATER SERVICE AND (2) ANY DAMAGE OR INJURY ARISING FROM INTERRUPTION, INADEQUACY OR NON-AVAILABILITY OF WATER SERVICE.

I UNDERSTAND THAT (1) A DEPOSIT OF **\$1,200.00** AND AN INSTALLATION FEE OF **\$75.00** IS REQUIRED FOR BULK WATER METER SERVICE; (2) I MUST PROVIDE A METER READING TO THE DISTRICT OFFICE ON OR ABOUT THE FIRST OF EACH MONTH (3) I WILL BE CHARGED **\$35.00** FOR THE FIRST 10,000 GALLONS OF WATER AND **\$1.75 PER THOUSAND GALLONS** THEREAFTER PER BILLING PERIOD; (4) BILLS ARE DUE AND PAYABLE UPON PRESENTATION; AND (5) PAYMENT MAY BE MADE AT THE DISTRICT OFFICE.

AGENT FOR THE ABOVE NAMED COMPANY: _____

SIGNATURE

PRINTED NAME

THIS SECTION FOR DISTRICT OFFICE USE ONLY

REQUESTED
METER SIZE: _____

REQUESTED
INSTALLATION DATE: _____

METER NUMBER: _____

BEGINNING METER READ
AND DATE READ: _____

ENDING METER READ
AND DATE READ: _____

DEPOSIT AMOUNT
AND DEPOSIT DATE: _____

INSTALLATION FEE
AMOUNT AND DATE PAID: _____