

Public Water Supply District #2

PO Box 457 * Mexico, MO 65265

Application for Water Service

Account # _____

Name _____

Address _____ City _____

Billing Address if different than above _____

Phone CALL BLAST # for district notifications (____) _____ - _____

Email address _____

Alt/Work Phone (____) _____ - _____ Social Security # _____ Number in household _____

Previous Customer? Y / N Farm/Business use? Y / N Lead solder in plumbing? Y / N Date ownership begins _____

Applicant(s) agree to timely pay all water charges on this account to this water district until said Applicant(s) has/have signed and dated this contract for termination of service to this residence. Applicant(s) hereby agree to abide by all rules and policies established by said water district and any hereafter established. The District reserves the right to discontinue water service at this residence without further notice if the District's rules, regulations and policies have not been followed. In addition, should the Applicant(s) fail to pay the District as promised herein, then Applicant(s) agree(s) to pay all costs of any collection proceeding, including a reasonable attorney's fee and other expenses of collection. In addition, I acknowledge that I have read the cross connection policy stated on the back of this application and signed stating that I agree to comply with the policy. _____(initials)

Signature of Applicant

Signature of Termination

Date

Date

Beginning Reading _____ Meter # _____ Due Date of 1st bill _____

Deposit _____ (O=80/RTO&R=125)

Reconnect _____

Meter/Pit installation _____

Boring Fee _____

Equipment fee _____

Past Due Balance _____

Total due _____

Paid:

Check _____

Credit Card _____

Date _____

CROSS CONNECTIONS

The DNR (Department of Natural Resources) states that cross connections are defined as an actual or potential connection of a public water system to anything other than another public water system. The customer is required to disconnect any cross connection (ie well, irrigation system) from any waterline piping or water distribution equipment that is connected to the PWSD #2 system. Missouri Public Drinking Water Regulation 10 CSR 60-11.010(2) states that no customer shall cause or allow the construction or maintenance of an unprotected cross connection.

If an unprotected cross connection is discovered within the water system, PWSD #2 will immediately discontinue service and/or service will not be activated until PWSD #2's personnel or a licensed/certified plumber certifies, in writing, that the cross connection has been completely terminated and sealed off.

By signing below, you understand and agree to comply with the cross connection policy above.

Signature of Applicant

Date

CALL BLAST NOTIFICATIONS OF DISTRICT NEWS

A call blast system is a method of quickly broadcasting information via telephone. Historically information such as water main breaks, flushing, boil orders, etc. has been distributed via local news outlets (Mexico Ledger, KWWR & Centralia Guard) as well as personal visits distributing door hangers. The District will continue to distribute notifications to the news outlets, but in order to better serve our customers, the District has added this call blast capability which allows the District to share information much quicker. As a courtesy, we can also use the call blast system to alert you of late payments, pending disconnections, etc. You will need to provide the best number in which to receive District information. If this number changes, you'll need to update with our office if you wish to continue receiving information. Our policies have not changed, therefore, we are not responsible for information that does not reach you due to numbers being changed. _____ (initials)

AUTOMATIC WITHDRAWAL AUTHORIZATION

By signing below, I approve the withdrawal of water payments from the following account and in the following manner until further written notice:

- ☐ Checking Account # _____ (Routing # _____)
- ☐ Savings Account # _____ (Routing # _____)
- ☐ Credit Card (MC/VISA/DISCOVER) # _____ Exp Date _____ CSC # _____

I wish for the aforementioned payment to be withdrawn on the _____ day of each month, or when I call to request.

Customer Approval Signature: _____

Effective Date: _____