

**PUBLIC WATER SUPPLY DISTRICT NO. 5 OF GREENE COUNTY
113 S. ORCHARD P.O. BOX 37
FAIR GROVE, MISSOURI 65648
417-759-7066 FAX 417-759-9016**

NEW SERVICE CONNECTION APPLICATION

NAME _____
SERVICE ADDRESS _____
BILLING ADDRESS _____
IF DIFFERENT FROM _____
ABOVE _____
PHONE _____

BUILDERS NAME _____
BUILDER'S ADDRESS _____

PROPERTY LOCATION: NAME OF SUBDIVISION _____
LOT NUMBER _____

SIMPLE INSTALLATION:

ALL METERS ARE SET BY THE WATER SUPPLY'S CONTRACTOR.
THE PUBLIC WATER SUPPLY REQUIRES A **\$650 CONNECTION FEE*** TO BE PAID **BEFORE** THE TAP INTO THE MAIN IS MADE. THIS FEE USUALLY COVERS THE INSTALLATION COST IF THE SERVICE REQUIRES A SIMPLE CONNECTION TAP INTO THE MAIN. IF THE COST OF INSTALLATION GOES OVER THIS FEE, YOU WILL BE BILLED BY THE WATER SUPPLY AFTER WE HAVE BEEN BILLED BY THE INSTALLER.

\$1800 FOR 1" METER 3200 FOR 2" METER

INSTALLATION INVOLVING A ROAD CUT:

IF THE MAIN LINE IS ACROSS THE ROAD, AND A ROAD CUT IS INVOLVED IN YOUR CONNECTION TO THE MAIN LINE, THE BOARD REQUIRES A **\$1200 DEPOSIT*** BEFORE THE CONNECTION IS MADE. AFTER WE ARE BILLED BY THE INSTALLER, YOU WILL BE REFUNDED ANY AMOUNT IN EXCESS OF THE \$650 CONNECTION FEE PLUS THE ROAD REPAIR. IF THE DEPOSIT DOES NOT COVER THE COST OF INSTALLATION, YOU WILL BE BILLED FOR THE OVERAGE.

PHOTO IDENTIFICATION MUST BE PRESENTED WITH APPLICATION.

AMOUNT OF FEE \$ _____ DATE FEE PAID _____

FEE AND ID RECEIVED BY _____

I, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE TERMS AND CONDITIONS OF THIS AGREEMENT AND DO AGREE TO SAID TERMS AND CONDITIONS.

SIGNATURE OF APPLICANT _____ DATE _____

*COST OF ROCK REMOVAL WILL BE ADDITIONAL

WATER SERVICE AGREEMENT

PUBLIC WATER SUPPLY
 DISTRICT NO. 5 OF GREENE COUNTY
 113 S. ORCHARD P.O. BOX 37
 FAIR GROVE, MO 65648
 417-759-7066 FAX 417-759-9016

LAST NAME _____
 OFFICE USE:
 ACCT. # _____
 METER. # _____
 ERT. # _____
 SEQ. # _____

DATE TO START SERVICE _____
 SERVICE ADDRESS _____

CUSTOMER'S NAME _____ SSN _____
 DATE OF BIRTH _____ EMPLOYER _____

SPOUSE'S NAME _____ SSN _____
 DATE OF BIRTH _____ EMPLOYER _____

NAME ON ACCOUNT IF DIFFERENT FROM ABOVE (i.e. BUSINESS NAME)

BILLING ADDRESS IF DIFFERENT FROM ABOVE

HOME PHONE # _____ CELL OR WORK # _____

LANDLORD (IF APPLICABLE) _____
 LANDLORD'S PHONE NUMBER _____

CHECK ONE: OWNER ___ CONTRACT/ DEED ___ RENTER ___ MOBILE ___

THE PUBLIC WATER SUPPLY REQUIRES A \$100 METER DEPOSIT FOR ALL WATER SERVICES.

APPLICATION MUST BE MADE IN PERSON AT THE WATER SUPPLY OFFICE AT 113 S. ORCHARD.

PHOTO IDENTIFICATION PRESENTED

AMOUNT PAID \$ _____ DATE PAID _____
 DEPOSIT AND ID RECEIVED BY _____

I, THE UNDERSIGNED, HAVE READ ALL PAGES OF THIS CONTRACT AND DO UNDERSTAND THE TERMS AND CONDITIONS OF THIS CONTRACT AND DO AGREE TO SAID TERMS AND CONDITIONS. I FURTHER AGREE THAT I AM RESPONSIBLE FOR ANY DAMAGE DONE TO THE WATER METER OR ANY COMPONENTS PERTAINING TO IT WHILE RESIDING AT THE ADDRESS ABOVE.

SIGNATURE OF APPLICANT _____ DATE _____

**WATER SERVICE AGREEMENT
(TO BE RETAINED BY APPLICANT)**

TERMS AND CONDITIONS FOR RESIDENTIAL WATER SERVICE

APPLICANT SHOULD BE HOME WHEN THE WATER SERVICE IS TURNED ON. APPLICANT ASSUMES ALL RESPONSIBILITY FOR ANY OPEN OUTLETS RESULTING IN WATER LOSS OR DAMAGE.

METERS ARE READ AT THE END OF THE MONTH AND BILLS ARE SENT BY THE 10th. **ALL PAYMENTS ARE DUE ON THE 30th OF THE MONTH. A 10% PENALTY IS ASSESSED ON ACCOUNTS NOT PAID OR POSTMARKED BY THE 30th OF THE MONTH. PASTDUE ACCOUNTS NOT PAID BY THE 15th OF THE FOLLOWING MONTH MAY BE DISCONNECTED WITHOUT FURTHER NOTICE. PARTIAL PAYMENT OF THE PAST DUE AMOUNT WILL NOT KEEP YOUR SERVICE ON. TO RESTORE SERVICE WHEN DISCONNECTED FOR NONPAYMENT, THE ACCOUNT MUST BE PAID IN FULL PLUS A \$50 RECONNECT FEE.**

WATER RATES ARE AS FOLLOWS: 1st THOUSAND GALLONS \$10.40 (MINIMUM CHARGE), THEN \$4.00 FOR EACH ADDITIONAL 1000 GALLONS. A WATER PRIMACY FEE OF \$3.24 FOR TESTING THE WATER IS PAID TO THE DNR IN AUGUST OF EACH YEAR AND THAT COST IS BILLED TO THE CUSTOMER IN JULY.

**MONTHLY PAYMENTS MAY BE MAILED TO: PUBLIC WATER SUPPLY
P.O. BOX 112
FAIR GROVE, MO 65648**

MONTHLY PAYMENTS MAY ALSO BE MADE AT THE EMPIRE BANK, O'BANNON BANK OR BANK OF BOLIVAR IN FAIR GROVE. THESE BANKS HAVE NIGHT DROPS—YOU ARE ENCOURAGED TO USE THEM TO AVOID LATE FEES. THE PAYMENT STUB FROM YOUR BILL MUST BE RETURNED WITH YOUR PAYMENT TO INSURE PROPER CREDIT. ANY CHECKS RETURNED BY YOUR BANK FOR ANY REASON WILL RESULT IN YOUR ACCOUNT BEING CONSIDERED PASTDUE. A \$10 RETURNED CHECK FEE WILL BE ASSESSED EACH TIME A CHECK IS RETURNED UNPAID. NO POST DATED CHECKS ARE ACCEPTED.

THE WATER SUPPLY IS NOT RESPONSIBLE FOR THE MAIL! IF YOU HAVE NOT RECEIVED YOUR BILL BY THE 15th OF THE MONTH YOU SHOULD CALL OUR OFFICE. WE WILL BE HAPPY TO SEND YOU A NEW BILL.

(RESIDENTIAL WATER SERVICE AGREEMENT CONTINUED)

WATER BOARD MEMBERS ARE ELECTED REPRESENTATIVES OF YOUR SUB-DISTRICT. THE PRESENT BOARD MEMBERS ARE: PRESIDENT RICHARD ICENHOWER, VICE PRESIDENT STEVE SHORT, MILES HARTLEY, MAURICE BUTLER, AND DOUG GUSTAFSON . THE WATER BOARD HAS THREE EMPLOYEES. THEY ARE: WATER SUPT. TOM GORULEY, TREASURER MARK BENNETT AND CLERK SAUNDRA ROPER.

THE WATER BOARD MEETINGS ARE USUALLY HELD ON THE SECOND MONDAY OF EACH MONTH (UNLESS OTHERWISE POSTED) AT 7:00P.M. AT THE WATER SUPPLY OFFICE. WATER BOARD MEETINGS ARE OPEN TO THE PUBLIC, AND NOTICES OF THE MEETINGS ARE POSTED AT LEAST 24 HOURS BEFORE THE MEETING. IF YOU WISH TO ADDRESS THE BOARD, YOU MUST BE ON THE AGENDA.

THE PHONE NUMBER FOR THE OFFICE OF THE WATER SUPPLY IS 759-7066. IT IS USED MAINLY AS A MESSAGE PHONE. IF YOU HAVE A QUESTION OR A PROBLEM, PLEASE LEAVE A MESSAGE. ALL CALLS ARE RETURNED. IF YOU HAVE AN EMERGENCY, YOU MAY CALL TOM GOURLEY AT 759-77338 OR CELL # 224-1305 OR JIM THOMAS AT 759-2751(A FEE MAY BE CHARGED IF YOU CALL MR. THOMAS.)

THE OFFICE IS CLOSED ON TUESDAYS.

THE WATER SUPPLY WILL CHARGE A \$10 FEE FOR RETURNED CHECKS AND A \$50.00 RECONNECT FEE TO RESTORE SERVICE TURNED OFF FOR NON-PAYMENT OF THE ACCOUNT.

NO WATER METER IS TO BE TURNED OFF OR ON BY ANYONE EXCEPT AUTHORIZED WATER SUPPLY PERSONELL.