

Public Water Supply District No. 1 of Jefferson County, Missouri
P. O. Box 646, 2970 Schneider Dr., Arnold, MO 63010
636 296-0659, Fax 636 296-4918

Application and Water User Agreement

The undersigned applicant(s) (herein collectively "Customer") applies for water service by Public Water Supply District No. 1 of Jefferson County, Missouri (herein "District"), and if this application is approved:

1. Customer agrees to pay District a security deposit before commencement of water service, and all of the District's charges relating to water service in accordance with the District's ordinances, rules, regulations and policies, including water user fees in accordance with its then rates for all water metered to this residence/business (herein called "Premises") until the termination of water service.
2. Customer hereby agrees to abide by all ordinances, rules, regulations and policies now promulgated, or hereafter adopted, by the District. District reserves the right to suspend or terminate water service to the residence/business as may be reasonably required to maintain the District's facilities or as provided in the said ordinances, rules, regulations and policies in the event of any violation thereof, and which under some circumstances may be without notice. District further reserves the right to terminate water service to the residence/business in accordance with an agreement with the City of Arnold or other government agency, if any, for non-payment for sanitary sewer service provided o the Premises.
3. One or more units may be served through a master meter if approved by the District office. Appropriate application for master meter service must be made with the District in accordance with the policies of the District. Separate deposits must be paid for each unit and the accounts must be kept in the owner's name(s).
4. Customer agrees not to erect any structure OVER OR AROUND the District's meter pit to be installed on Customer's property, or already installed, in such a manner that would interfere with the District's access to said meter pit for repair or meter reading.
5. Customer agrees that water furnished by the District will not be connected in any way with water from another source and shall not install or make a cross-connection in the water system of the user.
6. The District shall have the right to enter upon the property to inspect the premises at any time during reasonable hours for necessary water sampling, water testing, or inspection.
7. **Disclaimer** - The District is not responsible for any water line between the meter and the residence/business, for any water line(s) within the residence/business, nor for damages caused by any leakage or breakage thereof, nor for damage to the premises due to the District turning on the water at the meter, nor for damages that would have been prevented by a water pressure regulator or that result from excess or low pressure.

Customer's Signature

Second Customer's Signature

Printed Name (Title)

Printed Name

Date

Date

SERVICE START DATE _____

FOR OFFICE USE

Customer Number _____

Billed _____ week of each month

Photo ID __ driver's license or _____

PWSD Initials _____

4/2012

Please Print

Location's Address		Arnold	MO	63010
Lawn Irrigation System Yes__ No__		Swimming Pool Yes__ No__		
Billing Address (if different)		City	State	Zip
Check One Owner _____ Renter _____		If Renter, please complete		
Name of Property Owner _____		Telephone _____		

CUSTOMER'S INFORMATION

Business Name _____		Federal ID No. _____		
Last Name _____		First Name _____		
Telephone _____		Secondary Telephone _____		
Email Address _____	Birth Date <u> / </u> <u> / </u> _____	Social Security or Driver's License No. & State _____		
Employer Name _____		Work Telephone _____		
Employer Address _____		City	State	Zip
Bank Name & Location _____				

SECOND CUSTOMER'S INFORMATION

Last Name _____		First Name _____		
Telephone _____		Secondary Telephone _____		
Email Address _____	Birth Date <u> / </u> <u> / </u> _____	Social Security or Driver's License No. & State _____		
Employer Name _____		Work Telephone _____		
Employer Address _____		City	State	Zip
Bank Name & Location _____				

Emergency Contact Name & Telephone Number