

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

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 Missouri American Water Company, Rock Creek Public Sewer District or other government agency, if any, for non-payment for sanitary sewer service provided to 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

Account Number_____ **CID** _____ **Billed** ____ **Thursday of each month**

Photo ID ____ **Address Type: R C HU MU** **SD / SSD** _____ **PWSD Initials**_____

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Please Print

A driver's license copy is required for each person listed on the account.

Service Address: _____ **Arnold, MO 63010**

Billing Address (if different): _____

Primary Customer Name: _____

Birth Date: ____ / ____ / ____ SSN / License # / Federal ID # : _____
 Month Day Year

☐ Home: _____ ☐ Mobile: _____ ☐ Work: _____

Put a check mark next to your primary phone number:

Secondary Customer Name: _____

Birth Date: ____ / ____ / ____ SSN / License # / Federal ID # : _____
 Month Day Year

☐ Home: _____ ☐ Mobile: _____ ☐ Work: _____

Put a check mark next to your primary phone number:

Email Address: _____

☐ Check to enroll in paperless ebilling. An email will be sent with a verification link to complete sign up.

Preferred method of contact: ___ Email ___ Primary Phone Voice ___ Primary Phone SMS

Emergency Contact Name: _____ Phone: _____

*Someone other than customer on account.

Irrigation System: Yes___ No___ Pool: Yes___ No___

Multi-Unit: No___ Yes___ # of units Owner _____ Renter _____

If Renter, please complete owner information:

Name of Property Owner: _____ Phone: _____

Owner Address (if different): _____

Owner Email Address: _____