

CUSTOMER SERVICE AGREEMENT

SECTION I. PURPOSE. Polk County Fresh Water Supply District No. 2 (the District) is responsible for properly operating and maintaining its Sanitary Sewer Collection System. The purpose of this Service Agreement is to notify each Customer of the plumbing restrictions which are in place. The District enforces these restrictions to ensure the public health and welfare. Each Customer must sign this Customer Service Agreement before the District will begin service. In addition, when service to an existing connection has been suspended or terminated, the District will not re-establish service unless it has a signed copy of this Customer Service Agreement.

SECTION II PLUMBING RESTRICTION. The following unacceptable plumbing practices are prohibited by State Regulations:

- A. No direct connection between the Water Supply System and a potential source of contamination is permitted. Potential sources of contamination shall be isolated from the public water system by an air gap or an appropriate backflow prevention device.
- B. No cross-connection between the Water Supply System and a private water system is permitted. These potential threats to the Water Supply System shall be eliminated at the service connection by the installation of an air gap or a reduced pressure-zone backflow prevention device.
- C. No connection which allows water to be returned to the Water Supply System is permitted.
- D. No pipe or pipe fitting which contains more than 8.0% lead may be used for the installation or repair of plumbing at any connection which provides water for human use.
- E. No solder or flux which contains more than 0.20% lead can be used for the installation or repair of plumbing at any connection which provides water for human use.

SECTION III SERVICE AGREEMENT. The following are the terms of this Customer Service Agreement between Polk County Fresh Water Supply District No. 2 (the District) and _____ (Name) _____ (the Customer):

- A. The District will maintain a copy of this Customer Service Agreement as long as the Customer and/or the premises are connected to the District.
- B. The District shall have the right to access a private water well meter if Customer is not provided water service by a water supply company. The District shall have access to its property and equipment located upon Customer's premises at all times for any purpose connected with or in the furtherance of its business operations, and upon discontinuance of service, shall have the right to remove any of its property from Customer's premises.
- C. The Customer shall allow his/her property to be inspected for possible unacceptable plumbing practices. These inspections shall be conducted by the District or its designated agent prior to initiating service; when there is reason to believe that unacceptable plumbing practices exist; or after any major changes to the private plumbing facilities. Inspections shall be conducted during the District's normal business hours.
- D. The District shall notify the Customer in writing of any unacceptable plumbing practice on his/her premises.
- E. The Customer shall immediately correct any unacceptable plumbing practice on his/her premises.
- F. The Customer's plumber must provide a one (1) year warranty or guarantee for all work done within the District's easement or right-of-way.

SECTION IV ENFORCEMENT. If the Customer fails to comply with the terms of this Service Agreement, the District shall have the option to terminate service. Any expenses associated with the enforcement of this Service Agreement shall be billed to the Customer.

Note: the purpose of the customer service agreement is to notify customers of the plumbing restrictions adopted by the district. Inspections conducted by the district's operator in accordance with this service agreement are for the sole purpose of discovering and eliminating unacceptable plumbing practices. The district or the district's operator makes no representation as to the adequacy, quality, or fitness of the customer's private plumbing facilities.

CREDIT APPLICATION FOR POLK COUNTY FRESH WATER SUPPLY DISTRICT NO. 2

2619 FM 3459
P.O. Box 2250
Onalaska, TX 77360
Phone: 936-646-5977
Fax No.936-646-7044
pcfwsd2@eastex.net
polkcountyfreshwater.com

Account No. _____
Amount of Deposit _____ Deposit Receipt No. _____
Tax ID# _____ Taxes Owed _____

ALL BLANKS MUST BE COMPLETED BEFORE APPLICATION WILL BE ACCEPTED

****If no source of income, applicant will be required to have a co-signer with good standing credit with the district and a current ID. (See below)****

Full Name of Applicant _____ Turn-on Date _____

Subdivision _____ Service Address: Sec _____ Block _____ Lot _____

Home Phone _____ Billing Address _____

911 Address _____ E-mail address _____

Date of Birth _____ S/S Number _____ TX I.D. or current License _____
(Copy of ID required)

Place of Employment _____ Work Phone _____

Address of Employer _____ City & Zip _____

If a second adult is to reside in same household, please fill in the following information:

Full Name of Spouse or other Responsible Adult _____

Date of Birth _____ S/S Number _____ TX I.D. or current License _____
(Copy of ID required)

Place of Employment _____ Work Phone _____

Address of Employer _____ City & Zip _____

Name of Previous Owner _____ Renting _____ Owner Finance _____

Previous Owner's Address: _____ Phone Number _____

Homesteaded: Yes ___ No ___ Number of Lots Home is on _____

CO-SIGNER INFORMATION

Full Name of Applicant _____ Turn on Date _____

Subdivision _____ Service Address Sec _____ Block _____ Lot _____

Billing Address _____

Date of Birth _____ S/S Number _____ TX I.D. or current License _____
(Copy of ID required)

Place of Employment _____ Work Phone _____

Address of Employer _____ City & Zip _____

I, as co-signer of this credit application, agree to accept full financial responsibility for payment on this account should the balance due become more than 60 days delinquent.

Signature of Co-Signer

Date

THE FOLLOWING SERVICE OPTIONS ARE AVAILABLE TO QUALIFYING CUSTOMERS

AUTOMATIC BILL PAYMENT THROUGH BANK DRAFTING OPTION

Automatic bill payment service is available through bank drafting. (See attached sheet for more detail.)

CONFIDENTIALITY OPTION

According to State Law, the information on your account is open to the public unless you request confidentiality. All customers are eligible for this option. This will keep all personal information, such as address, phone number and social security number confidential from the general public.

<input type="checkbox"/>	I Do Not request that my account information be kept confidential.
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<input type="checkbox"/>	I request that my account information be kept confidential.
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NOTICE TO PROPERTY OWNERS: Payment of Municipal Utility District property tax is required to obtain water service. Failure to keep property tax payments current will lead to discontinuance of **water service**.

NON-PAYMENT OF FEES: Polk County Fresh Water Supply District #2 has an agreement with the water supply companies to disconnect water service for non-payment of sewer fees. All past due accounts are turned over to a collection agency for collection. All collection agency fees and collection costs are charged back to customers.

APPLICATION AGREEMENT: I have read and understand the terms, conditions, and restrictions of the service agreement. I further acknowledge failure to abide by said restrictions shall, at a minimum, lead to discontinuance of **water service**.

I hereby apply for sewer service at the above address to be furnished at the standard rates and under terms and conditions of said District as from time to time established for such class of service. The deposit will be held until Applicant discontinues service, or until a period of two years of on time payments, to guarantee the payment of bill of whatever nature that may be due. When service has been discontinued that deposit will be applied to the **final** bill. If any deposit, greater than \$2.00 is left, it will be refunded. I understand that failure to render payment within time prescribed on the bill will mean discontinuance of **water service**. Further, if the District incurs additional expense for past due collections, I agree to pay all costs of collections.

APPLICANT'S SIGNATURE
(I have read the conditions of attached application agreement.)

DATE OF APPLICATION

ACCEPTED AND APPROVED:

District Representative

F9 _____	F10 _____
Tax Roll _____	
Rate Code: _____	
Initials: _____	
<i>For Office Use Only</i>	