

COMMERCIAL SERVICE

WATERWORKS DISTRICT NO. 1

11822 LA HWY 699

MAURICE LA 70555

PH# 337-898-8345

FAX# 337-898-1164

THIS AGREEMENT BETWEEN WATERWORKS DISTRICT NO. 1, OF VERMILION PARISH, STATE OF LOUISIANA, HEREINAFTER CALLED THE WATER DISTRICT, AND THE PERSON COMPLETING THE BELOW APPLICATION FOR WATER SERVICE, A RESIDENT OF THE WATER DISTRICT, HEREINAFTER CALLED THE WATER USER.

UNDER THIS AGREEMENT, THE WATER DISTRICT SHALL FURNISH WATER TO THE WATER USER AT THE PHYSICAL ADDRESS REQUESTED.

UPON THE EXECUTION OF THIS AGREEMENT BY THE WATER USER, THE WATER USER SHALL COMMENCE PAYING FOR WATER SERVICE, WHETHER OR NOT WATER IS BEING USED. THE WATER USER MAY ALSO BE SUBJECT TO A \$50.00 RECONNECTION FEE AND/OR A \$100.00 RENTER'S SECURITY DEPOSIT. THE RENTER'S SECURITY DEPOSIT IS REFUNDABLE LESS ANY WATER USER CHARGES UPON DISCONNECTION.

NOTE: LATE CHARGES WILL APPLY ON ANY ACCOUNT NOT PAID BY THE DUE DATE. ANY ACCOUNT 30 DAYS PAST DUE WILL BE DISCONNECTED AND A RECONNECTION FEE OF \$100.00 PLUS ANY UNPAID BALANCE WILL BE CHARGED.

THE WATER USER SHALL HAVE THE RIGHT TO DISCONNECT FROM THE SYSTEM AT ANY TIME WITH NO DISCONNECTION FEE, OTHER APPLICABLE FEES MAY APPLY. A RECONNECTION FEE OF **\$50.00** IS CHARGED IF SERVICE IS DISCONNECTED. IF SERVICE IS DISCONNECTED BECAUSE OF NONPAYMENT THERE IS A **RECONNECTION FEE OF \$100.00** THAT MUST BE PAID ALONG WITH THE **EXISTING BALANCE** IN THE ACCOUNT. PAYMENT FOR RECONNECTION OF SERVICE ONCE DISCONNECTED BECAUSE OF NONPAYMENT MUST BE PAID WITH **CASH OR MONEY ORDER. UNDER NO CIRCUMSTANCES IS THE RECONNECTION FEES WAIVED.**

THE WATER USER AGREES TO COMPLY WITH AND BE BOUND BY THE RULES AND REGULATIONS OF THE WATER DISTRICT. DETAILED RULES AND REGULATIONS OF THE WATER DISTRICT ARE AVAILABLE FOR THE WATER USER'S REVIEW AT THE WATER DISTRICT OFFICE.

ATTENTION

ALL WATER DISTRICT CUSTOMERS **NSF CHECKS ISSUED TO THE WATER DISTRICT**

ANY CUSTOMER WHO ISSUES THE WATER DISTRICT A NSF CHECK WILL HAVE **15 DAYS** TO PAY THE CHECK AND THE NSF CHARGE IN FULL OR **SERVICE WILL BE DISCONNECTED** AND THE CHECK WILL BE **FORWARDED TO THE DISTRICT ATTORNEY** FOR COLLECTION. WATER SERVICE **WILL NOT** BE RESUMED UNTIL THE CHECK AMOUNT, NSF CHARGE (\$20), AND RECONNECTION FEE (\$100) IS PAID IN FULL. IF ACCOUNT IS INACTIVE FOR MORE THAN 10 DAYS BEFORE RECONNECTION IS REQUESTED, ANY UNPAID BALANCE IN ADDITION TO NSF CHECK, NSF CHARGE AND RECONNECTION FEE WILL NEED TO BE PAID.

IF THE NSF CHECK WAS ISSUED FOR AN ACCOUNT THAT WAS ON THE DISCONNECT LIST. WATER SERVICE WILL BE **DISCONNECTED IMMEDIATELY** UPON RETURN OF THE NSF CHECK TO THE WATER DISTRICT. IF ACCOUNT IS NOT PAID IN FULL (NSF CHECK & NSF CHARGE (\$20)) WITHIN **5 DAYS** THE CHECK WILL BE **FORWARDED TO THE DISTRICT ATTORNEY** FOR COLLECTION. IF CUSTOMER REQUEST TO HAVE WATER RECONNECTED THE CUSTOMER WILL NEED TO PAY RECONNECTION FEE (\$100) AND ANY BALANCE DUE IN ADDITION TO THE NSF CHECK AND NSF CHARGE (\$20).

IF CHECK IS FORWARDED TO THE DISTRICT ATTORNEY, YOU **WILL NOT** BE ABLE TO PAY THE WATER DISTRICT FOR THE NSF CHECK AND NSF CHARGE. YOU MUST CLEAR THE DEBT WITH THE DISTRICT ATTORNEY. ONCE THE WATER DISTRICT RECEIVES THE PAYMENT FROM THE DISTRICT ATTORNEY, YOU THEN MUST CONTACT THE WATER DISTRICT TO REQUEST RECONNECTION OF WATER SERVICE. AT THAT TIME YOU MUST MAKE PAYMENT TO THE WATER DISTRICT FOR ANY OUTSTANDING CHARGES BEFORE WATER SERVICE WILL BE RESUMED.

POLICY ON TAMPERING WITH WATER DISTRICT PROPERTY OR EQUIPMENT

ANY PERSON, INCLUDING BUT NOT LIMITED TO CUSTOMERS, THE WATER DISTRICT DETERMINES HAS TAMPERED WITH A METER AND/OR RECEIVED WATER BY TAMPERING WITH A METER – THE FOLLOWING POLICY WILL APPLY:

- No person other than the Water District’s Personnel has authorization to open or tamper with any Water District equipment, including but not limited to the Meter Box Lid, Meter, or Meter Valve.
- If tampering with Meter Box, Meter or Meter Valve is evident, the person responsible for same will be assessed a \$200 Inspection Charge.
- There will also be a charge for water used since meter was last read and billed.
- Payment of all charges, including those set forth in this policy, will be DUE WITHIN 15 DAYS from the notification of charges billed to the person.
- If payment is not rendered within 15 DAYS, legal action may be taken against any person responsible for same.
- If legal action is taken, the person shall also be responsible for legal fees and costs incurred by the Water District.
- This Policy will be enforced upon all persons, including customers and including those who allow other parties to tamper with the Meter Box, Meter or Meter Valve assigned to their Residence or Business. (Example: Allowing a Plumber to turn meter on or off)
- Water Service will not be resumed until ALL charges have been paid including any outstanding balances on account, Reconnection Fees, Service Fees, or Inspection Fees and legal expenses.
- All other Rules & Regulations that are not in conflict with this Policy are also applicable.

A COPY OF A VALID DRIVER LICENSE OR VALID ISSUED PICTURED ID MUST BE PRESENTD WITH THIS AGREEMENT BEFORE WATER SERVICE WILL BE ISSUED.

PLEASE PRINT

1. PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

2. DO YOU OWN THE **DWELLING (HOME)** WHERE THE WATER SERVICE IS BEING REQUESTED? **YES** **NO**

3. DO YOU OWN THE **PROPERTY (LAND)** THAT THE DWELLING IS LOCATED ON WHERE THE WATER SERVICE IS BEING REQUESTED? **YES** **NO**

4. IF YOU ANSWERED **YES** TO NUMBER 3, WILL THE PHYSICAL ADDRESS BE USED AS RENTAL PROPERTY? **YES** **NO**

IF YOU ANSWERED **NO** TO NUMBER 3, WHO IS THE **LANDLORD** (PROPERTY OWNER)?

NAME: _____

ADDRESS: _____

5. HAVE YOU EVER HAD AN ACCOUNT OR CURRENTLY HAVE AN ACCOUNT WITH THE WATER DISTRICT? **YES** **NO**

IF YES, UNDER WHAT NAME: _____

AND PHYSICAL ADDRESS: _____

6. BUSINESS NAME: _____

7. MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

8. BUSINESS PHONE: (_____) _____ - _____

9. COMPANY CONTACT : _____ #(_____) _____ - _____

10. EMERGENCY CONTACT: _____ #(_____) _____ - _____

11. FEDERAL TAX ID# _____

PLEASE NOTE: OBTAINING UTILITY SERVICES BY FRAUD IS A CRIME. FALSE INFORMATION OR REPRESENTATION, VERBAL OR WRITTEN, IS GROUNDS FOR REFUSAL OF WATER SERVICE AND MAY BE SUBJECT TO ADDITIONAL CHARGES AND/OR DISCONNECTION OF WATER SERVICE.

I ACKNOWLEDGE, BY SIGNING THIS AGREEMENT, THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND ACCURATE. I HAVE READ AND UNDERSTOOD THE ATTACHED CORRESPONDENCE TO THIS AGREEMENT AND HAVE AGREED TO BE BOUND BY THE TERMS OF THIS AGREEMENT AND THE RULES AND REGULATIONS OF THE WATER DISTRICT.

*I UNDERSTAND THAT IF I DO NOT PAY THIS BILL IT A CAN BE SENT TO A COLLECTION AGENCY WHERE ADDITIONAL FEES WILL BE APPLIED AND COULD AFFECT MY CREDIT.

CUSTOMER SIGNATURE: _____

PRINTED NAME: _____ DATE: ____/____/____

**REMIT PAYMENT TO: WATERWORKS DISTRICT NO. 1 (WWD#1)
11822 LA HWY 699
MAURICE LA 70555
337-898-8345**

The Water District is an equal opportunity provider.



CHECK ALL THAT APPLY:

WATER USER

_____ MALE
_____ FEMALE

NUMBER IN HOUSEHOLD:

_____ 0 _____ 1 _____ 2 _____ 3
_____ 4 _____ 5 _____ 6 OR MORE

**APPLICANT STATUS REGARDING
PROPERTY WHERE METER IS TO
PLACED:**

_____ HOMEOWNER (OWNS HOME
AND PROPERTY/LAND)
_____ OWNER (DOES **NOT** OWN HOME
BUT OWNS PROPERTY/LAND)
_____ RENTER (OWNS HOME **BUT**
DOES NOT OWN PROPERTY)
_____ RENTER(DOES **NOT** OWN HOME
OR PROPERTY/LAND)
_____ EMPTY LOT

ETHNICITY:

_____ HISPANIC DECENDANT
_____ NON HISPANIC (ANY OTHER
ETHNICITY OTHER THAN HISPANIC)

RACE:

_____ AMERICAN INDIAN / ALASKA
NATIVE
_____ ASIAN
_____ AFRICAN AMERICAN (BLACK)
_____ NATIVE HAWAIIAN **OR**
OTHER PACIFIC ISLANDER
_____ CAUCASIAN (WHITE)
_____ OTHER_____

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against customer applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

AUTHORIZATION FOR RELEASE OF INFORMATION

DUE TO THE FDCA, WE ARE NOT ALLOWED TO RELEASE ANY INFORMATION REGARDING YOUR ACCOUNT WITHOUT WRITTEN CONSENT. THE ONLY PERSON ALLOWED TO RECEIVE INFORMATION OR MAKE CHANGES TO ANY ACCOUNT WITH VERMILION PARISH WATERWORKS DISTRICT NO. 1, IS THE INDIVIDUAL NAMED ON ACCOUNT AS WATER USER OR LEGAL SPOUSE IF NAMED ON WATER USER AGREEMENT AS SUCH. BY SIGNING THE RELEASE FORM BELOW YOU ARE GIVING OUR OFFICE PERMISSION TO DISCUSS YOUR ACCOUNT WITH ONLY THE INDIVIDUAL OR INDIVIDUALS LISTED. THIS RELEASE FORM SHALL REMAIN IN EFFECT AS LONG AS YOUR ACCOUNT IS ACTIVE. IF AT ANY TIME YOUR ACCOUNT SHOULD BECOME INACTIVE A NEW RELEASE WILL HAVE TO BE COMPLETED FOR THE NEW ACCOUNT. IF AT ANYTIME YOU SHOULD CHOOSE TO TERMINATE OR CHANGE THIS AUTHORIZATION, WE REQUIRE WRITTEN NOTICE STATING YOUR INTENTIONS.

I, _____
(FIRST) (MI) (LAST)
 HEREBY AUTHORIZE **VERMILION PARISH WATERWORKS DISTRICT NO. 1** TO DISCUSS WITH AND/OR RELEASE INFORMATION WITH REGARDS TO MY ACCOUNT AT THE FOLLOWING ADDRESS _____ TO THE FOLLOWING: _____

1.) NAME: _____

RELATION: _____ PHONE# (____) _____ - _____

CHECK ALL THAT APPLIES

BILLING INFORMATION (INCLUDING STATEMENTS, CHARGES, CREDITS, PAYMENTS, PAST DUE AMOUNTS, EXTENTIONS AND/OR COLLECTION ACTIVITY)

CHANGES TO ACCOUNT (MAKE CHANGES TO MAILING ADDRESS, PHONE NUMBER, AND/OR DISCONNECTION OF SERVICE)

2.) NAME: _____

RELATION: _____ PHONE# (____) _____ - _____

CHECK ALL THAT APPLIES

BILLING INFORMATION (INCLUDING STATEMENTS, CHARGES, CREDITS, PAYMENTS, PAST DUE AMOUNTS, EXTENTIONS AND/OR COLLECTION ACTIVITY)

CHANGES TO ACCOUNT (MAKE CHANGES TO MAILING ADDRESS, PHONE NUMBER, AND/OR DISCONNECTION OF SERVICE)

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____ DATE: ____/____/____

FOR OFFICE USE ONLY

WITNESSED BY: _____ DATE: ____/____/____

WITNESSED BY: _____ DATE: ____/____/____

ACCOUNT# _____ - _____ ACCEPTED BY: _____ AGREEMENT#: _____ - _____

DATE TERMINATED: ____/____/____ REASON: _____ INITIALS: _____

*****FOR OFFICE USE ONLY*****

	COMMERCIAL RENTER	COMMERCIAL RECONNECT	COMMERCIAL TRANSFER	
--	------------------------------	---------------------------------	--------------------------------	--

APPLICANT'S NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

AGREEMENT#: _____ - _____

METER#: _____ **DATE ON:** ____/____/____

LOCATION #: _____ **CUSTOMER#:** _____

PREVIOUS CUSTOMER #: _____

TYPE OF WORK ORDER NEEDED: **REINSTALL** **FINAL READING** **DISCONNECT**

PREVIOUS READING: _____ **PUT ON LOG:** _____

CORRECT / VERIFY / CORRECTED **ACCOUNT ACTIVE / CHANGE TO ACTIVE**

_____ / _____ / _____

*****FOR OFFICE USE ONLY*****

RECEIVED DATE STAMPED

PAYMENT AMOUNT

\$ _____.

CASH / CREDIT

\$ _____ RECONNECT FEE

\$ _____ RENTER DEPOSIT

CONFIRMATION# _____

_____ RECEIPT COPIED

CHECK / MONEY ORDER

\$ _____ RECONNECT FEE

\$ _____ RENTER DEPOSIT

***COPY OF CHECK OR MONEY
ORDER MADE _____**

ACCEPTED BY WATER DISTRICT
CHAIRMAN

COMMENTS:

