

RESIDENTIAL NEW METER

WATERWORKS DISTRICT NO. 1

11822 LA HWY 699

MAURICE LA 70555

PH# 337-898-8345

FAX# 337-898-1164

THIS AGREEMENT SHOULD BE COMPLETED BY THE **OWNER** OF THE PROPERTY (**LAND**) **ONLY**.

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 AGREES TO PAY TO THE WATER DISTRICT A NONREFUNDABLE, ESTIMATED METER INSTALLATION FEE OF \$1600. IF THE ACTUAL AMOUNT OF THE METER INSTALLTION FEE EXCEEDS \$1600, THE WATER USER SHALL PAY THE WATER DISTRICT THE BALANCE BEFORE SERVICE CAN BE STARTED. THE WATER USER SHALL COMMENCE PAYING FOR WATER ONCE SERVICE IS MADE AVAILABLE TO THE WATER USER, WHETHER OR NOT WATER IS BEING USED. THE WATER USER WILL THEN BE PLACED ON THE BILLING CYCLE THAT IMMEDIATELY FOLLOWS THE INSTALLATION DATE OF THE METER. THE WATER USER IS RESPONSIBLE FOR INSTALLING A "CUSTOMER VALVE" AND RUNNING A SERVICE LINE FROM THE RESIDENCE/DWELLING TO THE METER.

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.

IF WATER USER RENTS THE ABOVE SAID RESIDENCE OR THE RESIDENCE IS OCCUPIED BY A NON-PROPERTY/LAND OWNER THE RENTER OR OCCUPANT MUST PAY AN ADDITIONAL \$100.00 RENTER SECURITY DEPOSIT AND SIGN A RENTER'S WATER USER AGREEMENT TO TRANSFER SERVICE INTO THEIR NAME. IF SERVICE REMAINS IN THE LANDOWNER'S NAME, THE LANDOWNER IS LEGALLY RESPONSIBLE FOR ANY UNPAID BALANCE IN THE EXISTING ACCOUNT.

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.

NEW APP 09/01/25 MR

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.

ANY CUSTOMER WHO HAS ISSUED TWO **(2) NSF CHECKS** TO THE WATER DISTRICT WILL NO LONGER BE ALLOWED TO PAY FOR SERVICE WITH ANY CHECK ON THE ACCOUNT. ONLY **CASH OR MONEY ORDER** WILL BE ACCEPTED FOR PAYMENT ON THAT ACCOUNT.

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.

WATER USER RESPONSIBILITY

- In the event that any loss or damage to the property of the Water District or any accident or injury to person or property is caused by or result from the negligence or wrongful act of the Water User, his agents or employees, the cost of the necessary repairs or replacement shall be paid by the Water User and any liability otherwise resulting shall be assumed by the Water User. The amount of such loss or damage or the cost of repairs shall be added to the Water User's bill and if not paid, service may be disconnected by the Water District.

A COPY OF A VALID DRIVER LICENSE OR VALID ISSUED PICTURED ID MUST BE PRESENTED 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

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. WATER USER NAME: _____

7. MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

8. HOME PHONE:(_____)_____-_____ CELL#(_____)_____-_____

9. EMPLOYER: _____ #(_____)_____-_____

10. DRIVER'S LICENSE#: _____ST_____

11. SOCIAL SECURITY#: _____-_____-_____

12. DATE OF BIRTH: _____/_____/_____

13. SPOUSE'S NAME: _____ CELL#(_____)_____-_____

14. EMPLOYER: _____ #(_____)_____-_____

15. DRIVER'S LICENSE#: _____ ST _____

16. SOCIAL SECURITY#: _____ - _____ - _____

17. DATE OF BIRTH: _____ / _____ / _____

18. EMERGENCY CONTACT: (SOMEONE OTHER THAN SPOUSE)

NAME: _____ RELATION: _____

PHONE# (_____)_____-_____ OTHER# (_____)_____-_____

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 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 OF 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: ____/____/____

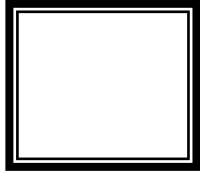
WITNESSED BY: _____ DATE: ____/____/____

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

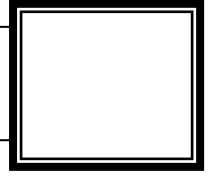
DATE TERMINATED: ____/____/____ REASON: _____ INITIALS: _____

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RESIDENTIAL NEW METER



APPLICANT'S NAME: _____

PHYSICAL ADDRESS: _____

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

AGREEMENT#: _____ - _____

INSTALL DATE: ____/____/____

CONTRACTOR: _____

DATE IN: ____/____/____

METER#: _____

LOCATION#: _____

CUSTOMER#: _____

ROUTE#: _____

SEQUENCE#: _____

DATE LETTER SENT: ____/____/____

DATE ON: ____/____/____

METER FILE: _____

COPIES MADE: _____

ACCOUNT ACTIVE / CHANGE TO ACTIVE

____/____/____

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

RECEIVED DATE STAMPED

PAYMENT AMOUNT

\$ _____.

CASH / CREDIT

CONFIRMATION# _____

_____ RECEIPT COPIED

CHECK / MONEY ORDER

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

ACCEPTED BY WATER DISTRICT
CHAIRMAN

STAKE OUT: ____/____/____

FACT SHEET GIVEN: _____

COMMENTS:
