

CITY OF LEARY
RESIDENTIAL SERVICE APPLICATION

BILLING NAME*			REQUESTED START DATE
SERVICE ADDRESS*			
MAILING ADDRESS (<input type="checkbox"/> SAME)*	CITY	STATE	ZIP
DO YOU <input type="checkbox"/> OWN OR ARE YOU <input type="checkbox"/> RENTING PROPERTY? (INCLUDE LEASE)*		PROPERTY OWNER/LEASING AGENT'S NAME & PHONE #*	
PRIMARY PHONE #*		ADDITIONAL PHONE #	
SOCIAL SECURITY #*	DRIVER'S LICENSE #*	DATE OF BIRTH*	
EMPLOYER'S NAME*	SPOUSE'S NAME (IF APPLICABLE)	SPOUSE'S SOCIAL SECURITY #	
SPOUSE'S LICENSE #	SPOUSE'S DATE OF BIRTH	SPOUSE'S EMPLOYER	
HAVE YOU HAD SERVICE WITH TWU PREVIOUSLY? IF YES, LIST THE LOCATIONS OR THE TWU CUSTOMER# <input type="checkbox"/> NO <input type="checkbox"/> YES:			BANKDRAFT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, FILL OUT FORM & INCLUDE VOIDED CHECK
PLEASE LIST THE NAME(S) AND SOCIAL SECURITY #(S) FOR ALL OCCUPANTS 18 YEARS OF AGE AND OLDER*			
OCCUPANT'S NAME	OCCUPANTS SOCIAL SECURITY #	OCCUPANT'S DATE OF BIRTH	RELATIONSHIP TO APPLICANT
SPECIAL MEDICAL SITUATION			
EMERGENCY CONTACT NAME	RELATIONSHIP TO APPLICANT	PHONE #	
HAVE YOU HAD A CS INSPECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		WOULD YOU LIKE TWU TO CONTACT YOU ABOUT A CS INSPECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	

*REQUIRED

◆ BY SIGNING THIS APPLICATION, YOU CERTIFY THAT ALL OF THE ABOVE INFORMATION IS **TRUE AND CORRECT. PROVIDING FALSE INFORMATION WILL RESULT IN A DENIAL OF SERVICES.**

◆ ***ELECTRONIC SIGNATURE NOTICE: BY SIGNING THIS FORM ELECTRONICALLY, YOU AGREE YOUR ELECTRONIC SIGNATURE IS THE LEGAL EQUIVALENT OF YOUR MANUAL SIGNATURE.***

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APPLICANT'S SIGNATURE

DATE

ACCOUNT #	CUSTOMER #	START DATE	DEPOSIT DATE
TYPE OF ACCOUNT <input type="checkbox"/> DOMESTIC <input type="checkbox"/> IRRIGATION		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	
LEASE ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		MADE CONTACT WITH OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO	

BACKFLOW/CROSS CONNECTION CONTROL PROGRAM SERVICE AGREEMENT

THE CITY OF LEARY (WATER SUPPLIER) IS RESPONSIBLE FOR PROTECTING THE DRINKING WATER SUPPLY FROM CONTAMINATION OR POLLUTION WHICH COULD RESULT FROM IMPROPER PRIVATE WATER DISTRIBUTION SYSTEM CONSTRUCTION OR CONFIGURATION. THIS SERVICE AGREEMENT IS TO NOTIFY THE CUSTOMER OF RESTRICTIONS WHICH ARE IN PLACE NECESSARY TO PROVIDE PROTECTION TO THE PUBLIC DRINKING WATER SUPPLY. THE CITY ENFORCES THESE RESTRICTIONS TO ENSURE THE PROTECTION OF PUBLIC HEALTH AND WELFARE. THE CUSTOMER IS REQUIRED TO SIGN THIS AGREEMENT BEFORE THE WATER SUPPLIER WILL BEGIN WATER SERVICE. ADDITIONALLY, WHEN SERVICE TO AN EXISTING CONNECTION HAS BEEN SUSPENDED OR TERMINATED, THE WATER SERVICE CANNOT BE RESTORED UNLESS THE SIGNED AGREEMENT HAS BEEN FILED.

RESTRICTIONS- THE FOLLOWING UNACCEPTABLE PRACTICES ARE PROHIBITED BY STATE REGULATIONS:

1. DIRECT CONNECTION BETWEEN THE PUBLIC DRINKING WATER SUPPLY AND A POTENTIAL SOURCE OF CONTAMINATION. POTENTIAL SOURCES OF CONTAMINATION SHALL BE ISOLATED FROM THE PUBLIC WATER SYSTEM BY AN AIR GAP OR BY AN APPROVED BACKFLOW PREVENTION DEVICE.
2. CROSS CONNECTION BETWEEN THE PUBLIC DRINKING WATER SUPPLY AND A PRIVATE WATER SYSTEM. THESE POTENTIAL THREATS TO THE PUBLIC DRINKING WATER SUPPLY SHALL BE ELIMINATED AT THE SERVICE CONNECTION BY THE INSTALLATION OF AN AIR GAP (MINIMUM SEPARATION OF 12 INCHES) OR A REDUCED PRESSURE PRINCIPLE BACKFLOW ASSEMBLY (RPPA).
3. CONNECTION WHICH MAY ALLOW WATER TO BE RETURNED TO THE PUBLIC DRINKING WATER SUPPLY, WHETHER THROUGH RECIRCULATION, BACKFLOW, BACK-SIPHONAGE OR OTHER MEANS. THESE POTENTIAL THREATS TO THE PUBLIC DRINKING WATER SUPPLY SHALL BE ELIMINATED AT THE SERVICE CONNECTION BY THE INSTALLATION OF AN AIR GAP (MINIMUM SEPARATION OF 12 INCHES) OR A REDUCED PRESSURE PRINCIPLE BACKFLOW ASSEMBLY (RPPA).
4. PIPE OR PIPE FITTING CONTAINING MORE THAN 8.0% LEAD FOR THE INSTALLATION OR REPAIR OF PLUMBING AT ANY CONNECTION WHICH PROVIDES WATER FOR HUMAN CONSUMPTION. PIPE OR PIPE FITTING SHALL HAVE LESS THAN 8% LEAD CONTENT.
5. SOLDER OR FLUX WHICH CONTAINS MORE THAN 0.2% FOR THE INSTALLATION OR REPAIR OF PLUMBING AT ANY CONNECTION WHICH PROVIDES WATER FOR HUMAN CONSUMPTION. SOLDER OR FLUX SHALL HAVE LESS THAN 0.2% LEAD CONTENT.

SERVICE AGREEMENT- THE FOLLOWING ARE TERMS REQUIRED BY STATE LAWS FOR PROVISION OF WATER SERVICE TO THE CUSTOMER. PLEASE READ AND INITIAL EACH OF THE FOLLOWING CONDITIONS OF SERVICE:

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| | 1. THE CUSTOMER AGREES TO ALLOW HIS PROPERTY TO BE INSPECTED FOR POSSIBLE CROSS CONNECTIONS AND OTHER POTENTIAL CONTAMINATION HAZARDS AT ANY REASONABLE TIME. THESE INSPECTIONS WILL BE CONDUCTED BY A DULY AUTHORIZED REPRESENTATIVE OF THE WATER SUPPLIER OR ITS DESIGNATED AGENT PRIOR TO INITIATING NEW WATER SERVICE, WHEN THERE IS A REASON TO BELIEVE A CROSS CONNECTION OR OTHER CONTAMINATION HAZARD EXISTS OR AFTER ANY MAJOR CHANGE TO THE PRIVATE WATER DISTRIBUTION SYSTEM. THE CUSTOMER WILL BE NOTIFIED IN WRITING OF ANY CROSS CONNECTIONS OR OTHER POTENTIAL HAZARDS IDENTIFIED DURING AN INSPECTION. |
| | 2. THE CUSTOMER AGREES TO IMMEDIATELY REMOVE OR ADEQUATELY ISOLATE ANY POTENTIAL CROSS CONNECTIONS OR OTHER POTENTIAL CONTAMINATION HAZARDS IDENTIFIED ON HIS PREMISES. |
| | 3. THE CUSTOMER, AT HIS EXPENSE, AGREES TO INSTALL, TEST AND MAINTAIN ANY BACKFLOW PREVENTION DEVICE REQUIRED BY THE WATER SUPPLIER. THE ORIGINAL OF ALL BACKFLOW ASSEMBLY TEST REPORTS AND COPIES OF MAINTENANCE RECORDS SHALL BE PROVIDED TO THE WATER SUPPLIER. A COPY OF ALL REPORTS SHALL BE RETAINED BY THE CUSTOMER FOR NOT LESS THAN THREE (3) YEARS. |

ENFORCEMENT- IF THE CUSTOMER FAILS TO COMPLY WITH THE TERMS OF THIS AGREEMENT, THE WATER SUPPLIER SHALL, AT ITS DISCRETION, EITHER TERMINATE WATER SERVICE OR REQUIRE THE INSTALLATION, TESTING AND MAINTENANCE OF AN APPROVED BACKFLOW PROTECTION ASSEMBLY AT THE SERVICE CONNECTION.

ALL COSTS ASSOCIATED WITH THE ENFORCEMENT OF THIS AGREEMENT SHALL BE BILLED TO THE CUSTOMER.

ELECTRONIC SIGNATURE NOTICE:
BY SIGNING THIS FORM ELECTRONICALLY, YOU AGREE YOUR ELECTRONIC SIGNATURE IS THE LEGAL EQUIVALENT OF YOUR MANUAL SIGNATURE.

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CUSTOMER SIGNATURE	DATE	
PRINTED NAME	CUSTOMER NUMBER	ACCOUNT NUMBER