

Creston Water System, Inc.
P.O. Box 484 Campti, LA 71411

Email: crestonwater@yahoo.com

Website: https://crestonwater.myruralwater.com/

APPLICATION AGREEMENT FOR WATER SERVICE:

CUSTOMER NAME: _____

BILLING ADDRESS: _____

SERVICE ADDRESS: _____

HOME PHONE:(_____)_____ CELL:(_____)_____ WORK:(_____)_____

PLACE OF EMPLOYMENT: _____

DRIVER'S LICENSE NUMBER: _____ DRIVER'S LICENSE STATE: _____

Bill due date is the 15th of the month. On the 16th a 10% late fee is applied. Bills must be paid in FULL by 8:00 a.m. on the 20th of the month or the corresponding Delinquent Fee will be applied, and service disconnected.

Delinquent Fee: \$50.00

I. Connection

- a. Connection Fee (**Non-Refundable**) \$ 50.00
- b. Meter Deposit (Refundable minus any outstanding balance) \$100.00
- c. Standard New Installation \$300.00

Includes standard fittings, pipe, meter, valves, etc.

Standard Installation does not include road bore, large fittings, commercial service, contractor services, etc. those fees will be added at the customers expense.

II. Disconnect

- a. Requested Forwarding Address: _____
- b. Non-Payment \$50.00
- c. Abandoned

III. Other Charges: \$10 NSF Check Tampering Fee:\$25 + Repair or Replacement Cost

Total Charges Collected \$ _____ Date: _____

By signing and submitting this application, I, the applicant understands that I must adhere to all the policies, rules and procedures of CRESTON WATER SYSTEM, INC. Furthermore, I understand all fees must be paid in full prior to service being connected or reconnected. Applicant must fill out a Deposit Refund Request Form before Meter Deposits can be refunded.

Signature of Applicant: _____ Date: _____

For Office Use:

Account #: _____ Meter Serial #: _____

Beginning/Ending Reading: _____

Total Deposit Refunded \$ _____ Date: _____