

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: 1st \$25 2nd \$50 3rd \$75 4th \$100 5th \$125 6th \$150 7th \$175 ...

I. Connection

- a. Connection Fee (**Non-Refundable**), **required by all new connections** \$ 50.00
- b. Deposit (Refundable minus any balance), **required by all new connections** \$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 \$_____ see Delinquent Fee Schedule Above
- 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 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: _____