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

Email: crestonwater@yahoo.com

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

CUSTOMER NAME: BILLING ADDRESS: SERVICE ADDRESS: HOME PHONE: CELL:(APPLICA	TION AGREEMENT FOI	R WATER SERVICE:		
SERVICE ADDRESS: HOME PHONE: CELL:(CUSTOM	ER NAME:			
HOME PHONE:(BILLING	ADDRESS:			
PLACE OF EMPLOYMENT: DRIVER'S LICENSE NUMBER: ***********************************	SERVICE	ADDRESS:			
DRIVER'S LICENSE NUMBER:	HOME PH	HONE:()	CELL:()	WORK:()
**************************************	PLACE O	F EMPLOYMENT:			
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 b. Deposit (Refundable minus any balance), required by all new connections c. Standard New Installation lncludes 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: ***********************************	*****	********	***********	**********	*****
I. Connection a. Connection Fee (Non-Refundable), required by all new connections b. Deposit (Refundable minus any balance), required by all new connections c. Standard New Installation 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	a.m. on the	e 20 th of the month or the c	orresponding Delinquent l	Fee will be applied, and service	ce disconnected.
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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:	Total Char	rges Collected \$	Date:	<u></u>	
For Office Use: Account #: Meter Serial #: Beginning/Ending Reading:	procedures prior to ser	s of CRESTON WATER S rvice being connected or re	YSTEM, INC. Furthermo	ore, I understand all fees must	be paid in full
For Office Use: Account #: Meter Serial #: Beginning/Ending Reading:	Signature	of Applicant:		Date:	
Total Deposit Refunded \$ Date:	For Office Use: Account #	: :	Meter Serial #:		
	Total Den	/Ending Keading:osit Refunded \$	Date:		