

# WEST ETOWAH COUNTY WATER AUTHORITY

596 GALLANT ROAD – ATTALLA, AL 35954

Phone 256-538-5947 - Fax 256-538-2369

DRIVERS LICENSE \_\_\_\_\_ D.O.B. \_\_\_\_\_ SERVICE ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ SS# \_\_\_\_\_

SPOUSE \_\_\_\_\_ SS# \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE# \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER ADDRESS \_\_\_\_\_

RELATIVE \_\_\_\_\_ PHONE# \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

I hereby request to be supplied with water by the West Etowah County Water Authority for the purpose shown hereon, and none other, for which I agree to pay a water deposit and to comply with the rules and regulations of the Authority making them a part of this agreement. I agree to claim no damage on account of the stoppage of the flow of water resulting from accident, or where necessary to make alterations, repairs, or improvements, and I agree to keep all plumbing in repair and promptly stop all leaks. I further agree to pay the water bill for the premises subscribed for by me at the office of the Authority until I order the water cut off, or give notice to the Authority of removal from said premises.

I will comply with regulations of the Authority whereby only one household shall be supplied from this meter and no cross connections shall exist on the premises.

I understand that failure to pay water charges duly imposed shall result in the automatic imposition of the following penalties:

- A. Nonpayment by due date will be subject to a penalty of ten percent(10%) of the account.
- B. Non payment within thirty days from due date will result in the water being shut off from the water user's property.

I understand that the connect fee for the meter installation is non-refundable. I understand my security deposit will be held as long as I live at this residence, and will be refunded to me when I terminate my service and my final bill is paid.

For failure to comply with this agreement, and or part thereof, the Authority may cut off the water from such premises without notice to me. Full payment of my account plus a reconnect fee must be paid before my service will be reconnected.

I have read and understand the conditions of the service application and the rules and regulations of this authority. I am of legal age and am authorized to execute this agreement.

ACCOUNT# \_\_\_\_\_

\_\_\_\_\_  
APPLICANT

DATE \_\_\_\_\_

\_\_\_\_\_  
WITNESS

DEPOSIT AMOUNT \$ \_\_\_\_\_

