PLEASANT VIEW WATER FACILITIES BOARD OF FRANKLIN COUNTY, ARKANSAS

Water User's Application / Agreement

I/We _				hereby make application to the Pleasant View Water	
Facilities Board for water ser		vice	at: Physi	ical Address	
			Maili	ng Address	
	sideration of the Board n, I/we :	l und	ertaking the	financing, construction and maintenance of this water	
1.	Agree to pay a water deposit of \$150.00 and a turn on/set-up fee of \$15.00, said meter deposit being refundable in accordance with rules and regulations of the Board.				
2.	The undersigned, if registered owner of real estate, agrees that he/she will grant the Board an easement for the water lines over, under, or across any real property bounding the planned service line or connection of the Board.				
3.	Agree to disconnect any other water source from my residence, as it is prohibited by the Arkansas State Health Department.				
4.	Agree to install and maintain at my, or registered owner's expense the necessary service line to cross the property described above which is owned or occupied by me/us to be connected with the water system.				
5.	Agree to use the water in accordance with rules and regulations established by the Board and to promptly pay for the water at the applicable schedule of rates. I am aware I am responsible for all water going through the meter and I understand the company does have a one-time per account leak policy. I am in receipt of the company's "New Customer Handout" which includes rules and regulations and other important information.				
6.	Agree to keep the meter accessible to company personnel. (examples: no dogs chained near meter, fences must have walkovers or gates, if I lock my gate I will provide key or have a chain with company lock) I understand if I do not keep the meter accessible I may be charged a fine or my meter may be estimated.				
7.	Understand that if I do not pay this bill the company will take any and all actions possible to reclaim payment for this debt.				
				Signature of Applicant	
Meter Deposit:		\$ 1	50.00		
Turn on/Admin. Fee:			15.00		
Water Tap Fee:		\$		Signature of CO-Applicant	
Road	Crossing:	\$ (Ma	ke Payable to	PV Water)	
Receiv	ved By:				
Date:				_ next page >>	

APPLICANT INFORMATION

CO-APPLICANT INFORMATION

Cell Phone: Would you like to receive text notifications? Yes / No Home Phone: E-Mail: Would you like to receive E-Billing? Yes / No Drivers License:	Cell Phone: Home Phone: E-Mail: Drivers License: Social Security Number:
Social Security Number:	
How many persons will be residing in house Person to Notify in Case of an Emergency a	
Name:	Phone:
Previous Water Service Company:	
Held in the Name of:	
	W. A. WEG. / NO.
I understand that due to ACT 769 of 200 undisputed bill for water service provided area of this state, and that person applies persons former water system establishes to properly due and owed by that particular refuse to provide water service to the delinquency. (At your request a copy of this Act of the following the delinquent bill not being settled with	O3 when a person is delinquent on the payment of an by a water system within this state, moves into another for or received water from another water system, if the that there is no dispute that the delinquent amount is individual in that amount, the new water system shall usent person until the person provides proof of curing the cet can be provided to you) tem that you have a delinquent bill and we are requested go of \$25.00 shall be collected. If we don't receive proof of in five (5) days service shall be discontinued and an e, will be charged and collected before service is restored.
Applicant Signature	Co-Applicant Signature