

Beatty Water & Sanitation District

NEW SERVICE INSTALLATION APPLICATION

I/WE _____ HEREBY APPLY FOR _____ WATER UNIT(S) _____ SEWER UNIT(S) ON THE REAL PROPERTY INCLUDED WITHIN THE BOUNDARIES OF THE BEATTY WATER & SANITATION DISTRICT, DESCRIBED AS FOLLOWS, TO WIT:

Block # _____ Lot # _____ Parcel # _____

Street Address: _____ Intended use: _____

ENCLOSED PLEASE FIND PLANS SHOWING PROPERTY LOCATION, PREFERRED LOCATIONS OF WATER & SEWER CONNECTIONS, APPLICABLE SUBDIVISION OF PROPERTY (IF ANY), & ANY CURRENT WATER/SEWER CONNECTIONS ON MAP.

PAYMENT FOR CAPITAL IMPROVEMENTS FOR _____ WATER UNIT(S) (\$1550.00 PER EACH UNIT) AND _____ SEWER UNITS (\$1550.00 PER EACH UNIT) IS ENCLOSED

IF YOUR APPLICATION IS NOT APPROVED AND YOU WISH TO RETAIN A PRIORITY CONNECTION, THE CAPITAL IMPROVEMENT FEE MUST REMAIN WITH THE DISTRICT. YOUR CAPITAL FEE WILL BE REFUNDED IF YOU DO NOT WISH TO RETAIN A PRIORITY CONNECTION. NO CONNECTIONS ARE ALLOWED UNTIL FINAL APPROVAL OF THE BOARD. This application is not a guarantee of services.

ALL APPLICABLE FEES MUST BE PAID WITHIN 1 YEAR OF THIS APPROVAL. IF THESE FEES ARE NOT PAID & DEVELOPED BY THE ABOVE TIME LIMITATION, CAPITAL IMPROVEMENT FEES & UNITS WILL BE SUBJECT TO FORFEITURE.

SIGNATURE BY APPLICANT SIGNIFIES AGREEMENT TO ABIDE BY ALL RULES & REGULATIONS OF THE BEATTY WATER AND SANITATION DISTRICT

Address City State Zip Code

Email Telephone No.

Print name

Signature Date

Print name

Signature Date

OFFICE USE ONLY – WILL SERVE NOTICE

AT THE REGULAR BOARD MEETING HELD ON THE _____ DAY OF _____, IN THE YEAR _____, THE BOARD OF TRUSTEES OF THE BEATTY WATER AND SANITATION DISTRICT APPROVED YOUR APPLICATION FOR _____ WATER AND/OR _____ SEWER SERVICES.

TRUSTEE SIGNATURE

DATE

In accordance with Federal law and USDA policy, this institution is prohibited from discriminating on basis of race, nation origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, director, Office of Civil Rights, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410 or call 9800)795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider, employer, and lender.

BWSD Will Serve Checklist

Residential____ Commercial____ New Service Installation Application (will Serve)

Residential

1. A map showing the property location. Parcel Number,
2. Preferred locations of water and sewer connections on the property.
3. Piping and Building plans and locations of any current water/sewer connections on property
4. Current sub division of property (if any).
5. A New Service Installation Application (Will Serve) filled out in its entirety.
6. Payment for Capital Credits must accompany the Will Serve application and Plan/Maps the District Office

Please have all these things completed and a check for the capital credits prior to turning in to the district office. These items will be approved by the General Manager of the District prior to being placed on the agenda to go before the Board for final approval.

Commercial (As defined by the BWSD General Manager)

1. A map showing the property location. Parcel Number,
2. Preferred locations of water and sewer connections on the property.
3. Plans of water and sewer pipe routing prepared and Stamped by the owners Professional Engineer to be reviewed by the Districts Engineer. Piping and Building plans and locations of any current water/sewer connections on property.
4. Current sub division of property (if any)?
5. Total number of units planned for the parcel, lay out, and fixture count?
6. A New Service Installation Application (Will Serve) filled out in its entirety.
7. Payment for Capital Credits must accompany the Will Serve application and Plan/Maps the District Office

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Beatty Water & Sanitation District

SERVICE APPLICATION

Deposit _____ Transfer Deposit _____ From Account # _____
 Check Cash Money Order Debit/Credit Card Receipt No. _____

THIS SECTION TO BE COMPLETED BY APPLICANT

CUSTOMER INFORMATION

NAME: _____
NAME: _____
SSN: _____
DL NO: _____
HOME PHONE: _____
CELL PHONE: _____
EMAIL: _____
MAILING ADDRESS: _____

IF APPLICANT IS AN OWNER

ASSESSOR PARCEL NO.: _____
ESCROW CLOSE DATE: _____
 PROOF OF OWNERSHIP

SERVICE AREA INFORMATION

SERVICE ADDRESS: _____
PURPOSE OF SERVICE: _____
TYPE OF SERVICE:
 RESIDENTIAL COMMERCIAL
 INDUSTRIAL IRRIGATION
DATE OF SERVICE TO BE TURNED ON: _____

IF APPLICANT IS A RENTER

OWNER'S NAME: _____
ADDRESS: _____

PHONE NO.: _____
 OWNER ACKNOWLEDGEMENT

The undersigned customer agrees that water service furnished here under shall be used in accordance with ordinances, rules and regulations of the Beatty Water & Sanitation District.

1. District retains title to all water meters. Payment of District fees or charges for meter use or water service shall not transfer ownership of the meter to the customer.
2. District does not guarantee continuous delivery of water on demand, nor does it assume any responsibility for damage, which may occur as a result of any interruption of water service.
3. District assumes no responsibility for pressure regulation of customer's water service. It is each customer's responsibility to install pressure regulation device to safeguard his or her water system.
4. District may terminate service when payment for such service becomes delinquent. A reconnect processing fee of \$50.00 will be added to the account when account is made current. Should the situation arise where removal of the meter is necessary, an additional fee of \$25.00 shall be imposed.
5. A security deposit of \$150.00/\$300.00 shall be required. If the account is being closed, the remaining balance on the account will be subtracted from the deposit and the remainder returned to the account owner.

APPLICANT SIGNATURE: _____ DATE: _____

THIS SECTION TO BE COMPLETED BY THE WATER DISTRICT

Account No. _____ Meter Size _____ Meter No. _____
Meter Parts & Labor \$ _____ Meter Location _____
Connection fee \$ _____ Meter Reading _____
Supplemental Water Fee \$ _____ Date Read _____
New Service Total \$ _____ Installation Date _____

New Account ELD Maps Scan Walk Sequence Address SEMS

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The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Applicant: I do not wish to furnish this information	Co Applicant: I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male