

CITY OF LEFORS

101 N. Court Phone (806) 835-2200 Fax (806) 835-2771	P.O. Box 383 Lefors, Texas 79054 Email: cityoflefors@yahoo.com
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APPLICATION FOR UTILITY SERVICE

Your account will be confidential unless otherwise noted.
_____ (Please initial) I *do not* want my account information to remain confidential.

Date to Start Service: _____ Account No. _____
Will be issued by City of Lefors

Service Address: _____ Buying: _____ Renting: _____

If renting, who is your landlord? _____ Phone: _____

Applicant Information

Name of Applicant: _____ Co-Applicant: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Previous Address: _____ City: _____ State: _____

Employer: _____ Address: _____ Phone: _____

Identification

DL# or ID#: _____ State: _____ Co-Applicant: _____ State: _____

Social Security #: _____ Co-Applicant Social Security#: _____

Birth Date: _____ Co-Applicant Birth Date: _____

Prior Service Information

Have you had utility services in Lefors before? No ___ Yes ___ Mo/Yr. Service: _____

Address: _____ Under what name: _____

Retail Service Agreement

I. **PURPOSE.** The Lefors Municipal Water System is responsible for protecting the drinking water supply from contamination or pollution which could result from improper system construction or configuration on the retail connection owner's side of the meter. The purpose of this service agreement is to notify each customer of the restrictions which are in place to provide this protection. The public water system enforces these restrictions to ensure the public health and welfare. Each retail customer must sign this agreement before the Lefors Municipal Water System will begin service. In addition, when service to an existing retail connection has been suspended or terminated, the water system will not re-establish service unless it has a signed copy of this agreement.

II. **RESTRICTIONS.** The following unacceptable practices are prohibited by State regulations.

A. No direct connection between the public drinking water supply and a potential source of contamination is permitted. Potential sources of contamination shall be isolated from the public water system by an air-gap or an appropriate backflow prevention device.

B. No cross-connection between the public drinking water supply and a private water system is permitted. These potential threats to the public drinking water supply shall be eliminated at the service connection by the installation of an air-gap or a reduced pressure-zone backflow prevention device.

C. No connection which allows water to be returned to the public drinking water supply is permitted.

D. No pipe or pipe fitting which contains more than 0.25% lead may be used for the installation or repair of plumbing at any connection which provides water for human use.

E. No solder or flux which contains more than 0.2% lead can be used for the installation or repair of plumbing at any connection which provides water for human use.

III. **SERVICE AGREEMENT.** The following are the terms of the service agreement between the Lefors Municipal Water System (the Water System) and _____ (the Customer).

A. The Water System will maintain a copy of this agreement as long as the Customer and/or the premises is connected to the Water System.

B. The Customer shall allow his property to be inspected for possible cross-connections and other potential contamination hazards. These inspections shall be conducted by the Water System or its designated agent prior to initiating new water service; when there is reason to believe that cross-connections or other potential contamination hazards exist; or after any major changes to the private water distribution facilities. The inspections shall be conducted during the Water System's normal business hours.

C. The Water System shall notify the Customer in writing of any cross-connection or other potential contamination hazard which has been identified during the initial inspection or the periodic reinspection.

D. The Customer shall immediately remove or adequately isolate any potential cross-connections or other potential contamination hazards on his premises.

E. The Customer shall, at his expense, properly install, test, and maintain any backflow prevention device required by the Water System. Copies of all testing and maintenance records shall be provided to the Water System.

IV. **ENFORCEMENT.** If the Customer fails to comply with the terms of the Service Agreement, the Water System shall, at its option, either terminate service or properly install, test, and maintain an appropriate backflow prevention device at the service connection. Any expenses associated with the enforcement of this agreement shall be billed to the Customer.

TERMS OF SERVICE

I, the undersigned, request the City of Lefors to furnish water, sewer, and sanitation services at the above address and I agree to pay for such services at the regular rates set by the City Council.

The bill for such services is due and payable by the 20th of each month. All unpaid balances, including permit fees that are billed to the account, are subject to a 10% penalty after the 20th day of each month and are subject to disconnection of services if not paid in full by the 25th day of each month. If a service order is generated to disconnect a utility an administrative fee, as set by City Council, per utility will be assessed.

I understand that if I refuse to pay for service, the City may disconnect my service ***without notice*** until past due amount is paid in full. If service is disconnected, a reconnect fee, as set by City Council, per utility will be assessed. A \$35.00 service charge will be added to all returned checks, regardless of the reason.

I agree to abide by and consider as part of this contract any ordinance, rules and /or regulations set by the City concerning the operation and billing of all services.

I, the undersigned, do hereby certify that the information given above is true and correct.

SIGNATURE OF APPLICANT

DATE

Office Use Only

Water Deposit Amount: _____

(Circle One) Cash Check Credit Card Check Number if paid by check: _____

Receipt No. _____ *Attached: Yes* _____ *No* _____

Application Taken By: _____ *Date* _____

Comments _____
