Independence-Jackson Regional Water Association

Thomas Sanford- Manager Phone 501-344-8741 Toll Free 888-459-7451 Fax 501-344-8742 1847 Jackson 2 Bradford, AR 72020

SERVICE AGREEMENT AND APPLICATION FOR MEMBERSHIP AND WATER SERVICE

The applicant, whose signature appears below, applies to the Independence-Jackson Regional Water Association of Bradford, Arkansas (herein called the "IJ Water") for membership and/or water service to be supplied at the location herein described and, upon request, any other location within the area serviced by this IJ Water.

The applicant agrees to conform to and abide by the bylaws and regulations of IJ Water and to pay for said service as bills are due in accordance with the rates, rules, and regulations provided by the Board of Directors of IJ Water as now exist or may hereinafter be adopted.

The applicant, if registered owner of real estate, agrees that he will grant IJ Water an easement for the water lines over, under, or across any real property bounding the planned service lines of IJ Water.

The applicant will pay a non-refundable connection fee of \$25.00 and a meter deposit of \$100.00, said meter deposit being refundable in accordance with rules and regulations of IJ Water.

IJ Water shall use reasonable diligence to provide a constant and uninterrupted supply of water. If the supply of water shall fail or be interrupted, or become defective through the acts of God, governmental authority, action of the elements, public enemy, accident, strikes, labor troubles, required maintenance work, inability to service right of way, or any cause beyond the reasonable control of IJ Water shall not be liable therefore or for damages caused thereby.

I hereby apply to Independence-Jackson Regional Water Association for membership and/or water services in accordance with the terms and conditions appearing above.

REQUESTED DATE	SERVICE DESIRED	
	SERVICE ADDRESS	
DATE OF BIRTH	DRIVERS LICENSE #	
CO-APPLICANT	DRIVERS LICENSE #SOCIAL SECURITY #	
HOME PHONE NO.	CELL #	
MAILING ADDRESS		
COMPANY OF MOST RECENT WATER SERVICE	3	
NEXT OF KIN NOT LIVING WITH YOU	TEL #	
NEAREST FRIEND	TEL #	
ARE YOU ELDERLY OR HANDICAPPED (please of	circle) YES NO	
DO YOU (please circle) OWN RENT		
IF RENTING, WHAT IS THE OWNER'S NAME AN	ND PHONE NO#?	
EMPLOYER PHONE NO#		
SIGNATURE: APPLICANT		
TO BE COM	MPLETED BY IJ WATER PERSONNEL	
Estimated Service DateDate Service Provided		
Availability Reason Service Delayed or Deferred		