

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 \$50.00 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 _____

APPLICANT _____ SERVICE ADDRESS _____

DATE OF BIRTH _____ DRIVERS LICENSE # _____

CO-APPLICANT _____ SOCIAL SECURITY # _____

DRIVERS LICENSE # _____

SOCIAL SECURITY # _____

HOME PHONE NO. _____ CELL # _____

MAILING ADDRESS _____

CURRENT ADDRESS (where you live now) _____

COMPANY OF MOST RECENT WATER SERVICE _____

NEXT OF KIN NOT LIVING WITH YOU _____ TEL # _____

NEAREST FRIEND _____ TEL # _____

ARE YOU ELDERLY OR HANDICAPPED (please circle) YES NO

DO YOU (please circle) OWN RENT

IF RENTING, WHAT IS THE OWNER'S NAME AND PHONE NO#? _____

EMPLOYER _____ EMPLOYER PHONE NO# _____

SIGNATURE: APPLICANT _____

TO BE COMPLETED BY IJ WATER PERSONNEL

Estimated Service Date _____ Date Service Provided _____

Availability _____ Reason Service Delayed or Deferred _____

Water User Customer Policy Agreement Form

I acknowledge by my signature that I have received, read, understand, and agree to all terms and conditions of the Independence Jackson Regional Water Users Customer Policy. Further, I understand that continued adherence to these policies stated herein. I also understand and agree that this policy can be updated and changed without notice.

Customer Signature

Date

Independence Jackson Regional Water Clerk Signature

Date