

TOWN OF FELSENTHAL

1000 SOUTH 3<sup>RD</sup> STREET

Felsenthal Ar. 71747

Phone: 870-943-2454 FAX: 870-943-2447

**(PLEASE NOTE THAT IF YOUR HOME IS A NEW DEVELOPMENT IN OUR COMMUNITY, YOU MUST FILL OUT A FLOODPLAIN DEVELOPMENT PERMIT APPLICATION, ALSO AVAILABLE ONLINE).**

**WATER/SEWER USER AGREEMENT--NEW SERVICE WITH PRE-EXISTING METER**

(revised, June, 2016)

I, \_\_\_\_\_ hereby make application to the Sewer & Water Commission Of the Town of Felsenthal (hereafter called Company) for membership in the Company and for Water & Sewer service at the following location: \_\_\_\_\_

Address

\_\_\_\_\_. The legal description of which is: Block \_\_\_\_\_,

City

Lot \_\_\_\_\_ in the Town of Felsenthal.

In consideration of the Company's undertaking the financing and construction of a water & sewer system,

I agree:

- To discharge the sewer in accordance with rules and regulations to be established by the Company and to promptly pay for the sewer at the applicable schedule of rates.
- To receive water in accordance with the rules and regulations to be established by the company and to promptly pay for the water at the application schedule of rate.
- All meters installed are to remain on the property if sold. NEVER TURN WATER OFF OR ON AT THE METER. The meter belongs to the Town of Felsenthal and should not be tampered with by the resident
- There will be a refundable deposit of \$75.00 (\$35.00 for water and \$40.00 for sewer) in accordance with the rules and regulations of the Company. Renters will pay a deposit of \$100 (\$60 for water and \$40.00 for sewer)
- Water & Sewer are billed on the same card and are due by the 15<sup>th</sup> of each month.

**All rules and regulation of the Arkansas Department of Health will be followed.**

It is further understood that if, for any reason, the Company is unable to provide me with the sewer service anticipated, the full amount of my deposit shall be refunded to me.

\$ \_\_\_\_\_ Deposit Sewer & Water

Received (Date) \_\_\_\_\_

By \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_

Phone number \_\_\_\_\_

Alternate number \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type of Service: Residential \_\_\_\_\_

Other \_\_\_\_\_

EMAIL address: \_\_\_\_\_

\_\_\_\_\_  
Signature--Property Owner/Tenant

**If tenant, name and accurate contact information for owner:** \_\_\_\_\_

On reverse of this page, print legibly the full name and SS# of each person 18 years or older who will be residing at this address.