

Terrace Lakes Water Company

A Member Owned Non-Profit Corporation

Application and Contract for Water Service

Account Holder One (1) Name: Phone Number:		Acc	Account Holder Two (2)	
				DL Number:
			SSN(Last Four):	
Please note t	hat only the person(s) li	isted above will have ac	cess to the account.	
Service Address:				
Mailing Address(if different)				
Email Address:S				
S	ign up for paperless billir	ng at www.terracelakeswa	ater.com	
Application Date:	Service Effective Date:			
rate resolutions of the TLWC B \$10 will be applied to the acco- pay the rates for water when du- month following the accrual the Applicant(s) agrees tha	oard. Payment is due on unt. The failure to receive. Should the water accorrect, the TLWC reserves t only a representative of	the 20 th day of each move a bill does not diminifunt for said premises not the right to discontinue of TLWC be allowed to	nner required by the TLWC Bylaws and onth. If not paid by the 20 th , a late fee of ish or eliminate applicant's obligation to the be paid on or before the 20th day of the all water service for said premises. The devices or otherwise prevent the TLWC	
	making records, reading		ne location, condition and sufficiency of	
and extend to the dwelling and/ for one (1) dwelling and/or b	or building; the Member uilding. Should the Mer	r understands and is her mber choose to supply	ne which shall begin at his property line eby informed that one (1) service line is service to additional dwellings and/one required for <u>each</u> individual dwelling	
distribution system; shall detern	nine the allocation of wat a connection or extension	ter to Members in the even to be made to/from his	ion of any service line connection to its rent of a water shortage; may shut off the service line for the purpose of supplying buildings.	
			given to the TLWC be true, to the best et by the TLWC and understand all	
information given regarding t			A by the 1D We and understand an	
Print Name (Applicant)	Signat	ure	Date	
Print Name (Applicant 2)	Signat	ure	 Date	
FOR OFFICE USE ONLY	Account Number:		ment Form: Cash	
Transfer fee: Y / N	Account Number:		Check ck#	
Permit Paid: Y/N	Hook-up Fee: Y/	N		