

## 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	sted 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 <u>www.terracelakeswa</u>	ater.com	
Application Date:	ate:Service Effective Date:			
rate resolutions of the TLWC B \$10 will be applied to the accor- pay the rates for water when due month following the accrual ther Applicant(s) agrees that	oard. Payment is due on ant. The failure to receive. Should the water accor- reof, the TLWC reserves to only a representative of	the 20 <sup>th</sup> day of each move a bill does not dimini- unt for said premises not the right to discontinue of TLWC be allowed to	onth. If not paid by the TLWC Bylaws and onth. If not paid by the 20 <sup>th</sup> , a late fee of ish or eliminate applicant's obligation to the 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/or one (1) dwelling and/or but	or building; the Member ailding. 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/or required for <u>each</u> individual dwelling	
distribution system; shall determ	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 th			to by the 115 we and understand an	
Print Name (Applicant)	Signat	ure	Date	
Print Name (Applicant 2)	Signat	ure	 Date	
FOR OFFICE USE ONLY Transfer fee: Y / N	Account Number:	Pay	ment Form: Cash Check ck#	
Permit Paid: Y/N	Hook-up Fee: Y/	N	<del></del>	