

## APPLICATION FOR UTILITY SERVICE

To: Wells Branch Municipal Utility District  
14205 Burnet Road #505  
Austin, Texas 78728

Date Service to Begin  
\_\_\_\_\_

The undersigned hereby makes application to Wells Branch Municipal Utility District for water, wastewater and solid waste disposal services. We/I understand and agree that we/I will be responsible for all water, wastewater and solid waste disposal services provided to the property described in this application until such time as service to the property is disconnected in accordance with the District's Rules and Regulations regarding utility services. We/I agree to comply with the District's Rules and Regulations and to pay for all utility services rendered to the property in a timely manner. We/I understand that the property within the District is subject to certain restrictive covenants within the District (copies available at the MUD office). We/I further understand that a violation of the rules which have been adopted by the District, may result in the imposition of a fine of up to \$200.00 per day/per occurrence and or termination of utility services to my/our property. We/I represent the information below is true and correct.

1. Applicant Name \_\_\_\_\_

2. Service Address \_\_\_\_\_

3. Billing Address (if different from Service address) \_\_\_\_\_  
\_\_\_\_\_

4. Applicant Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

5. Please provide one of the following forms of identification with picture ID:

Drivers License # \_\_\_\_\_ Passport # \_\_\_\_\_

OR Social Security # \_\_\_\_\_ & Picture ID \_\_\_\_\_

6. Applicant's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

7. Applicant is \_\_\_\_\_ Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Other: \_\_\_\_\_

8. Spouse's Name \_\_\_\_\_ Work # \_\_\_\_\_

9. Property Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

10. Property Owner's Address \_\_\_\_\_

Tex. Rev. Civ. Stat. Ann. Art. 1446h requires "government-operated" Utilities to notify customers of their right to confidentiality. You have the right to request confidentiality of your personal information contained in our records. "Personal information" as defined by the statute means an individual's address, telephone number, or social security number.

To request confidentiality, please initial \_\_\_\_\_ .

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

**\*Please include a copy of your picture I.D.\***

**\*\*\*PLEASE SIGN AND RETURN THIS COPY\*\*\***

Wells Branch Municipal Utility District  
Customer Service Agreement

**I. PURPOSE**

The Wells Branch Municipal Utility District (the "Water System") is responsible for protecting the drinking water supply from contamination or pollution that could result from improper plumbing practices. The purpose of this Customer Service Agreement (the "Agreement") is to notify each customer of the plumbing restrictions that are in place to provide this protection. The utility enforces these restrictions to ensure the public health and welfare. Each customer must sign this Agreement before the Wells Branch Municipal Utility District will begin service. In addition, when service to an existing connection has been suspended or terminated, the Water System will not re-establish service unless it has a signed copy of this Agreement.

**II. PLUMBING RESTRICTIONS**

The following unacceptable plumbing practices are prohibited by State regulations.

- A. No direct connection between the public drinking water supply and a potential source of contamination is permitted. Potential sources of contamination shall be isolated from the public water system by an air-gap or an appropriate backflow prevention device.
- B. No cross-connection between the public drinking water supply and a private water system is permitted. These potential threats to the public drinking water supply shall be eliminated at the service connection by the installation of an air-gap or a reduced pressure-zone backflow prevention device.
- C. No connection that allows water to be returned to the public water supply is permitted.
- D. No pipe or pipe fitting which contains more than 8.0% lead may be used for the installation or repair of plumbing at any connection that provides water for human use.
- E. No solder or flux that contains more than 0.2% lead can be used for the installation or repair of plumbing at any connection that provides water for human use.

**III. CUSTOMER SERVICE AGREEMENT**

The following are the terms of the Customer Service Agreement between the Wells Branch Municipal Utility District and \_\_\_\_\_ (the "Customer").

- A. The Water System will maintain a copy of this Agreement as long as the Customer and/or the premises is connected to the Water System.
- B. The Customer shall allow his property to be inspected for possible cross-connections and other unacceptable plumbing practices. These inspections shall be conducted by the Water System or its designated agent prior to initiating new water service; when there is reason to believe that cross-connections or other unacceptable plumbing practices exist; or after any major changes to the private plumbing facilities. The inspections shall be conducted during the Water System's normal business hours.
- C. The Water System shall notify the Customer in writing of any cross-connection or other unacceptable plumbing practice that has been identified during the initial inspection or the periodic reinspection.
- D. The Customer shall immediately correct any unacceptable plumbing on his premises.
- E. The Customer shall, at his expense, properly install, test, and maintain any backflow prevention device required by the Water System. Copies of all testing and maintenance shall be provided to the Water System.

**IV. ENFORCEMENT**

If the Customer fails to comply with the terms of the Customer Service Agreement, the Water System shall, at its option, either terminate service or properly install, test, and maintain an appropriate backflow prevention device at the service connection. Any expenses associated with the enforcement of this Agreement shall be billed to the customer.

By: \_\_\_\_\_  
Customer's Signature

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please print only new address or credit card information below and check the appropriate box on the reverse side. Thank you.

(mailing address only)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Customer Account Number \_\_\_\_\_

Return to remit address on reverse of coupon. Make sure remit address on reverse shows through window of supplied envelope.

**Charge Card Payments**

Bill my credit card. Please check one.

Charge to my:  Visa  MasterCard

Account Number

Visa/MasterCard CVV2  Expiration Date   
Found after account number on back of card Month/Year

Monthly Auto Pay

*Please note that enrollments for recurring credit card will not be effective until next invoice, and the current invoice should be paid in full.*

Phone Number \_\_\_\_\_  
( \_\_\_\_\_ )

Signature (must match name on account) \_\_\_\_\_  
X

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Monthly auto pay is optional.