

WATER SERVICE APPLICATION

DATE: _____

NAME: _____

DRIVER'S LICENSE # _____ SOCIAL SECURITY # _____

TELEPHONE NUMBER: _____

NEW SERVICE ADDRESS: _____

MAILING ADDRESS IF DIFFERENT THAN ABOVE _____

SEX: MALE FEMALE

ETHNICITY: HISPANIC OR LATINO NOT HISPANIC OR LATINO

RACE: AMERICAN INDIAN/ALASKAN NATIVE ASIAN BLACK OR AFRICAN AMERICAN

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE OTHER

HAVE YOU EVER HAD WATER SERVICE IN ANSON BEFORE? (CIRCLE) **Y** **N**

IF SO WHEN? _____ WHERE? _____

DO YOU WISH TO HAVE \$2.00 A MONTH ADDED ON YOUR WATER FOR A LIBRARY DONATION? (CIRCLE) **Y** **N**

PLACE OF EMPLOYMENT: _____

IF SELF EMPLOYED, DESCRIBE TYPE OF WORK AND BUSINESS NAME:

INFORMATION ON SPOUSE

NAME: _____

LAST

FIRST

MIDDLE

DRIVERS LICENSE # _____ SOCIAL SECURITY # _____

PLACE OF EMPLOYMENT: _____

IF SELF EMPLOYED, DESCRIBE TYPE OF WORK AND BUSINESS NAME:

I CERTIFY THAT ALL ANSWERS GIVEN IN THE ABOVE APPLICATION ARE TRUE AND COMPLETE. I HEREBY UNDERSTAND AND ACKNOWLEDGE THA ANY FALSIFICATION IN FORMATION GIVEN WILL DISQUALIFY ME FOR WATER SERVICE. I HEREBY UNDERSTAND THAT ALL UTILITY BILLS ARE DUE IN FULL BY THE 15TH OF EACH MONTH. IF NOT PAID, A 10% PENALTY WILL BE ADDED. IF NOT PAID BY THE 24TH OF EACH MONTH, SERVICE WILL BE TURNED OFF AND A \$100.00 NON-PAYMENT FEE WILL BE ASSESSED.

UPON SIGNING THIS STATEMENT, I HEREBY RELINQUISH ALL LIABILITIES AGAINST THE CITY OF ANSON.

SIGNATURE: _____

Service Agreement

- I. **Purpose.** *The City of Anson* is responsible for protecting the drinking water supply from contamination or pollution which could result from improper private water distribution system construction or configuration. The purpose of this service agreement is to notify each customer of the restrictions which are in place to provide the protection. The utility enforces these restrictions to ensure the public health and welfare. Each customer must sign this agreement before the **City of Anson** 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. **Restrictions.** The following unacceptable 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 which allows water to be returned to the public drinking 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 which provides water for human use.
 - E. No solder or flux which contains more than 0.2% lead can be used for the installation or repair of plumbing at any connection which provides water for human use.

- III. **Service Agreement.** The following are the terms of the service agreement between the City of Anson (water system) and the customer.
 - A. The City of Anson will maintain a copy of the agreement 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-connection and other potential contamination hazards. 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 potential contamination hazards exist; or after any major change to the private water distribution facilities. The inspections shall be conducted during the City of Anson normal business hours.
 - C. The City of Anson shall notify the customer in writing of any cross-connections or other potential contamination hazard which has been identified during the initial inspection or the periodic re-inspection.
 - D. The customer shall immediately remove or adequately isolate any potential cross-connection or other potential contamination hazards on his premises.
 - E. The customer shall, at his or her expense, properly install, test, and maintain any backflow prevention device required by the water system. Copies of all testing and maintenance records shall be provided to the water system.

- IV. **Enforcement.** If the customer fails to comply with the terms of the service agreement, the City of Anson 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 the agreement shall be billed to the customer.

Customer Signature: _____

City of Anson
Water Utility Records
Confidentiality Request Form

OPTIONAL

A government-operated utility may disclose personal information (individuals address, telephone numbers, or social security number) in a customer`s account records.

As required by H.B. 859, effective September 1, 1993, the Customer may request confidentiality of their information by written request. If you would like to keep your information confidential, you may use this form to do so.

I, the undersigned, do wish to keep my personal information within my utility account record confidential.

Customer Signature

Date

Customer Printed Name

Address

Account Number

FOR RENTERS ONLY

Name of Affiant:

Tenants:

(Print name of Tenant(s) on the lines below)

Landlords:

(Print name of Landlord(s)/ Owners of Property on the lines below)

Before me the undersigned authority on this day personally appeared _____
_____, Affiant(s) and Tenant(s), and appeared
_____, Affiant(s) and Landlord(s) known to me to be credible
person residing in Jones County, Texas, and _____ County, Texas, Who after being by me duly sworn
did state that the following statements are true:

“The property known as the address _____, Anson , Texas (the property) is owned by
landlord(s) and Landlord(s) who have rented the Property to the Tenant(s). Such lease is effective as of
_____ (date). The Tenant(s) are the only persons listed as rent the Property from Landlord(s) and
Tenant(s) alone have the authority to have all utilities service placed in their name. We certify that the
Tenant(s) listed above are actually living at the Property. This document has not been signed in an attempt to
get around a past due balance that I owed on the account listed at the above address of the Property.”

I certify, under penalty of perjury under Texas Law, that the above facts are and correct.”

Further Affiants(s) Sayeth Not”

LANDLORD(S):

[Sign names of Landlord(s)/ Owner(s) here]



City of Anson

Nondiscrimination Statement

In accordance With Federal Civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex , gender identity (including gender identity expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) Should contact the responsible Agency or USDA` s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint. Complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail : U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
 - (2) Fax: (202) 690-7225; or
 - (3) Email: program.intake@usda.gov
- USDA is and equal opportunity provider, employer, and lender