

**Benton County Water Authority #4  
New Water Service Application  
P.O. Box 861  
Lowell, AR 72745-0861**

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

I, \_\_\_\_\_, hereby make application to the Benton County Water Authority #4 (hereinafter called BCWA-4) for membership in the BCWA-4 and for water service at the following location: (must have a 911 address):

Service Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

This agreement is for members who shall use the water when available. In consideration of the BCWA-4 undertaking the financing and construction of a water system, I agree:

- 1) To install and maintain at my expense the necessary service line to cause the property described above which is owned or occupied by me to be connected with the water system at the property line.
- 2) To maintain and keep clear of debris the area immediately surrounding my water meter box as not to obstruct or prevent access to BCWA-4 or their contractors for repair or maintenance of installed water meter.
- 3) The undersigned is the registered owner of the real estate and agrees to grant a 15-foot permanent easement for the water lines, over, under or across any real property bounding the planned water lines of the BCWA-4.
- 4) I understand that once a meter has been installed, I will be billed the minimum monthly amount, even if no water is used. The minimum monthly bill includes up to 1,500 gallons of water used. Any water used above 1,500 will be charged in addition to the minimum monthly bill as shown in our schedule of fees.
- 5) I understand that if my bill is not paid by the due date, a ten percent (10%) late fee for the amounts due for water services will be charged. I understand if my bill remains unpaid for thirty (30) days after the billing date, my water will be subject to disconnection. If my services are disconnected, applicable service fees must be paid before service is restored.
- 6) The connection fee is non-transferable to another location.
- 7) Unless I have provided instructions to the contrary, by providing my wireless telephone number and/or email to BCWA-4, I consent to receive from BCWA-4 messages that are closely related to utility services, including, without limitation, calls and messages that (a) warn about boil orders, conservation measures, planned or unplanned service outages, and the like; (b) provide updates about outages or restoration, ask for confirmation of service restoration or information about lack of service, and provide notification of meter work, line maintenance, or other work that directly affects the customer's utility service, and (c) calls that warn about the likelihood that failure to make payment will result in service disruption (disconnection notices).

It is further understood that, if for any reason the BCWA-4 is unable to provide me with the service anticipated by this application, a pro-rata share, after expenses of my connection fee, shall be refunded to me.

Applicant Name (Please Print): \_\_\_\_\_ Owner [  ] Builder [  ]

Driver's License Number: \_\_\_\_\_ or SSN/TIN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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Employer: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Applicant's Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Cell [  ] Home [  ] Work [  ]

Secondary Phone Number: \_\_\_\_\_ Cell [  ] Home [  ] Work [  ]

E-Mail Address: \_\_\_\_\_

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Requested Service Start Date: \_\_\_\_\_

I agree that the information I provided above is accurate and true:

Signature: \_\_\_\_\_

\*\* Please check here if you wish to pay by credit card and someone from the office will contact you with information on how to pay by credit card. Please note that transaction fees will apply.

[  ] I wish to pay by credit card

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To be completed by BCWA-4 Office Personnel

Connection Fee Received: \$ \_\_\_\_\_ Payment Received: \_\_\_\_\_

Payment by: Personal Check: \_\_\_\_\_ Cashier's Check: \_\_\_\_\_ Money Order: \_\_\_\_\_ Credit Card \_\_\_\_\_

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