

Benton County Water Authority #4
New Water Service Application
P.O. Box 861
Lowell, AR 72745-0861
Email: billing@bcwa4.com

Date: _____

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

Service Street Address: _____

City, State, Zip: _____

This agreement is for customers who will utilize water service when available. In consideration of BCWA-4 undertaking the financing and construction of a water distribution system, the undersigned agrees as follows:

1. **Service Line Installation and Maintenance**

The undersigned agrees to install and maintain, at their own expense, the necessary service line required to connect the property described above, whether owned or occupied by the undersigned, to the water system at or near the existing water main closest to the property.

2. **Meter Accessibility**

The undersigned agrees to maintain the area at and immediately surrounding the water meter box free and clear of debris, vegetation, or other obstructions so as not to hinder or prevent access by BCWA-4 or its contractors for the repair, maintenance, replacement, or inspection of the water meter or meter box.

3. **Easement Grant**

The undersigned certifies that they are the legal owner of the real property described herein and agrees to grant BCWA-4 a permanent fifteen-foot (15') utility easement for the installation, operation, maintenance, repair, and replacement of water lines over, under, and across any real property adjoining or affected by the planned water lines of BCWA-4.

4. **Minimum Monthly Billing**

The undersigned acknowledges and understands that once a water meter has been installed, the account will be subject to the applicable minimum monthly charge regardless of water usage. The minimum monthly charge includes up to 1,500 gallons of water usage. Any usage exceeding 1,500 gallons shall be billed in accordance with the current BCWA-4 Schedule of Fees and Rates.

5. **Late Fees and Disconnection for Nonpayment**

The undersigned understands that if payment is not received by the due date, a late fee equal to ten percent (10%) of the outstanding balance for water services will be assessed. The undersigned further understands that accounts remaining unpaid for thirty (30) days after the billing date may be subject to service disconnection. In the event service is disconnected for nonpayment, all outstanding balances and applicable fees must be paid in full prior to restoration of service.

6. **Non-Transferability of Connection Fee**

The connection fee is non-transferable and may not be applied to another property or service location.

7. **Consent to Utility-Related Communications**

Unless the undersigned provides written instructions to the contrary, by providing a wireless telephone number and/or email address to BCWA-4, the undersigned consents to receive communications closely related to utility services, including but not limited to:

- a. Notifications regarding boil orders, water conservation measures, planned or unplanned service outages, and similar matters;
- b. Updates concerning outages or service restoration, requests for confirmation of service restoration or reports of service interruptions, and notifications regarding meter work, line maintenance, or other work directly affecting utility service; and
- c. Notifications regarding delinquent accounts and the potential disconnection of service due to nonpayment.

**Benton County Water Authority #4
New Water Service Application
P.O. Box 861
Lowell, AR 72745-0861
Email: billing@bcwa4.com**

It is further understood and agreed that, should BCWA-4 be unable for any reason to provide the anticipated water service contemplated by this application, the undersigned shall be entitled to a refund of a prorated portion of the connection fee, less any applicable expenses incurred by BCWA-4.

Applicant Name (Please Print): _____ Owner [] Builder []

Driver's License Number: _____ or SSN/TIN: _____

Date of Birth: _____

Employer: _____

Employer Phone Number: _____

Applicant's Billing Address: _____

Primary Phone Number: _____ Cell [] Home [] Work []

Secondary Phone Number: _____ Cell [] Home [] Work []

E-Mail Address: _____

Requested Service Start Date: _____

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

Signature: _____

** Please check below if you wish to pay by credit card. 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

----- To be completed by BCWA-4 Office Personnel -----

Connection Fee Amount Due: _____ Payment Received: _____

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