

Benton County Water Authority #4
User Agreement
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 water service at the following location: (must have a 911 address)

Service Street Address:

City, State, Zip code:

This agreement is for customers requesting that water service be transferred into their name or for connection to an existing water service connection. In consideration of, and as a condition for receiving water service from BCWA-4, the undersigned acknowledges and agrees as follows:

1. Payment of Charges and Compliance with Rules

The undersigned agrees to pay all applicable service charges, fees, rates, meter connection charges, sales taxes, fees associated with compliance with the Federal Safe Drinking Water Act, and any other applicable charges or assessments established by BCWA-4. Such charges shall be governed by all applicable ordinances, rules, regulations, procedures, specifications, and policies of BCWA-4, as well as any applicable federal, state, or local laws, whether currently in effect or hereafter amended, all of which are incorporated herein by reference and made part of this Agreement.

2. Existing Easement and Meter Accessibility

The undersigned acknowledges the existence of a permanent fifteen-foot (15') utility easement for water lines located over, under, or across any real property adjoining or affected by the existing water lines of BCWA-4. The undersigned further agrees to maintain the area 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 inspection, repair, maintenance, replacement, or operation of the installed water meter or related facilities.

3. Minimum Monthly Billing

The undersigned understands and agrees that the account will be subject to the applicable minimum monthly charge, as published by BCWA-4 under its current Rates and Fees schedule, regardless of water usage. The minimum monthly charge includes up to 1,500 gallons of water usage. Any usage in excess of 1,500 gallons shall be billed in accordance with the current BCWA-4 Schedule of Rates and Fees.

4. Late Fees and Disconnection for Nonpayment

The undersigned understands that failure to remit payment by the due date will result in the assessment of a late fee equal to ten percent (10%) of the outstanding balance for water services. The undersigned further acknowledges that accounts remaining unpaid after the billing date may be subject to service disconnection. In the event of disconnection for nonpayment, all outstanding balances and applicable service fees must be paid in full prior to restoration of service.

5. Non-Transferability of Fees

Any fees paid in connection with this service connection are non-transferable and may not be applied to another property, account, or service location.

6. 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 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 regarding outages or service restoration, requests for confirmation of service restoration or reports of interrupted service, and notifications regarding meter work, line maintenance, or other work directly affecting utility service; and (c) Notifications regarding delinquent accounts and the potential interruption or disconnection of service due to nonpayment.

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

Driver's License Number: _____ or SSN: _____

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

----- **The following section is required only if renting** -----

Landlord's Name: _____

Landlord's Phone Number: _____

Lease Start Date: _____

Lease End Date: _____

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

Required Fee Amount: _____ Date Payment Received: _____

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