*\$100.00 Membership Fee
Payable with CASH or CHECK, only.*

MEMBERSHIP #_	· · · · · · · · · · · · · · · · · · ·
ACCT#_	

EDWARDSVILLE WATER AUTHORITY MEMBERSHIP AND ACCOUNT SET UP

NEW OWNER INFORMATION First day in the residence / Date of Closing: _____ NAME (S): Member Name (1): ______ (Please print) Member Name (2): SERVICE ADDRESS: BILLING ADDRESS: (Indicate "SAME" if same as service address) (If more than one name will be on the account, please specify whose # this is.) MEMBER'S SIGNATURE (1) MEMBER'S SIGNATURE (2) *PLEASE NOTE: Billing begins from the time the meter is set. Make all checks payable to: **Edwardsville Water Authority or EWA.** If more than one individual is listed in the "New Owner Information" section above, BOTH parties sign all documents. (The section below is completed by office staff.) Date Membership Paperwork / Fee rec'd in office: _____ / ____ METER SERIAL # CASH AMOUNT \$____ CHECK # _____ AMOUNT \$_____ GIVEN RECEIPT? YES NO RECEIPT #_____ INITIALS PRIOR OWNER INFORMATION NAME(S) ___ ACCOUNT#_____ MEMBERSHIP #_____ FINAL READING_____ DATE READ_____ WO # ____ LOCATION #____

DOR 5/16/24



MEMBERSHIP #	
ACCOUNT #	

EDWARDSVILLE WATER AUTHORITY WATER USER'S AGREEMENT

This agreement, between the EDWARDSVILLE WATER AUTHORITY , a public water utilit organized and existing and by virtue of the laws of the State of Indiana, hereinafter		
called the Company, ar	MEMBER NAME (Please print) (1)	
	MEMBER NAME (Please print) (2)	

member(s) of the Company hereinafter called the Member.

WHEREAS: The Member desires to purchase farmstead or domestic water from the Company, and to enter into a water-user agreement as required by the bylaws of the Company.

NOW, THEREFORE, in consideration of the mutual covenants, promises and agreements herein contained, it is hereby understood and agreed:

The Company shall furnish, subject to the limitations hereinafter provided for, such quantity for domestic and farmstead purposes as the Member may desire in connection with his/her occupancy of the following described property.

The Member shall install and maintain at his/her own expense a service line, which shall begin at his/her property line and extend to the dwelling and other portion of his/her premises.

The Member's service line shall connect with the distribution system of the Company at the nearest place of desired use by the Member, provided the Company has determined in advance that the Company water system is of sufficient capacity to permit delivery of water at that point.

The Member shall pay for such water at such rates, time, and place as shall be determined by the Company.

The Company shall purchase and install a cutoff valve and may also include a water meter in each service. Such cutoff valve and meter shall be installed at a point agreed upon between the user and the Company. The Company shall retain ownership of, and have exclusive right to use such cutoff valve and water meter and to turn it on and off.

The Company shall have final jurisdiction in any question of location of any service line connection to its distribution system; it shall determine the allocation of water to members in the event of a water shortage.

The failure of a Member to pay water charges duly imposed shall result in the automatic imposition of the following penalties:

Non-payment within seventeen (17) days from the due date will be subject to a penalty of ten percent (10%) of that part of the delinquent account, which does not exceed \$3.00, plus 3% of any delinquent amount in excess of \$3.00.

A Non-payment within thirty (30) days from the due date will result in the water being shut off from the Member's property.

Non-payment for sixty (60) days after original due date will allow the Company, in addition to all other rights and remedies to purchase the Member's Membership Certificate and terminate his/her membership, and, in such event, the Member shall not be entitled to receive, nor the Company obligated to supply, any water under this agreement.

	Dute	
DWAR	RDSVILLE WATER AUTHORITY	
У	President President	
ttest	Secretary J. Heithings	
IEMBE	ER SIGNATURE (1)	
IEMBE	ER SIGNATURE (2)	

ACCOUNT #

We have entered this agreement on

MEMBERSHIP #

LOCATION #



MEMBERSHIP #_	
ACCOUNT #	

EDWARDSVILLE WATER AUTHORITY

TO ALL MEMBERS

A PRESSURE-REDUCING VALVE SHOULD BE INSTALLED INSIDE YOUR HOUSE TO REDUCE THE WATER PRESSURE. This will help protect your plumbing and should reduce your water usage.

A check valve should be installed to prevent water from draining out of your hot water heater should we have a line break or pump failure.

NOTICE TO ALL NEW MEMBERS

Upon request for a meter to be set, you should consider how much landscaping is needed before deciding upon setting. The meter should be set so that it is level with the top of the ground after final grading is done. Grading should be done before the meter is set. If it becomes necessary to raise or lower the meter, a charge will be made for this cost to the member.

TO ALL NEW SERVICE CUSTOMERS

PLEASE BE ADVISED THAT IT IS A CRIME TO REMOVE A WATER METER, INSTALL A JUMPER AND/OR USE UNMETERED WATER. IF THIS SITUATION ARISES PERTAINING TO YOUR METER, THE FOLLOWING CHARGES (BUT NOT LIMITED TO) WILL BE APPLIED TO YOUR ACCOUNT:

Tampering with a meter	\$135.00
Reinstalling meter	\$ 40.00
Estimated charges for water usage (5,000 GAL)	\$ 40.00
Insufficient Funds Charge (If applicable)	\$ 29.00
Locking a Meter Fee	\$ 40.00
Unlocking a Meter Fee	\$ 40.00

(Total Account Balance and lock/unlock fees to be paid in full before meter is unlocked)

RECOMMENDATIONS FOR LINE INSTALLATION

1" PVC line – 150-200 lb Test Install line to a depth of 30" Cutoff Valve Check Valve Pressure Regulator Valve

PRINT NAME / MEMBER SIGNATURE (1)	DATE
PRINT NAME / MEMBER SIGNATURE (2)	DATE
	DOD 5 /

DOR 5/16/24

Edwardsville Water Authority

545 Maplewood Blvd Georgetown, Indiana 47122 812-948-0900

www.EdwardsvilleWater.com

TO: All Edwardsville Customers

SUBJECT: CONSENT TO RECEIVE AUTOMATED TELEPHONE CALLS

Dear Customer:

Respectfully,

Edwardsville Water Authority

Edwardsville Water Corporation is seeking written consent to contact you via automated telephone dialing system. Auto dialing speeds our ability to notify you when incidents occur such as service outages, notice of boil water advisories, notice of potential disruption of service and other important issues. Your written consent is necessary in order for us to remain in compliance with the FCC ruling regarding automated phone dialing. We would appreciate it, if you would complete and return the lower portion of this mailing at your earliest convenience.

It remains your responsibility to keep us informed of updated contact information. If there is a change in your telephone number (land line or mobile) or e-mail address, please contact our office at 812-948-0900 as soon as possible.

My/our signature below indicates consent to permit Edwardsville utilize the following telephone number(s) to contact me/us with a or an artificial or pre-recorded voice regarding any matter pertaining Such calls may include, but are not limited to matters such as boil interruptions due to lack of payment on account. I understandagreement as a condition of receiving service from the company.	n automated telephong to my/our service w I water advisories, ou	ne dialing system with the company. tages and service
*	*	(C) or (H)
MEMBER'S PRINTED NAME (1) (Primary Contact)	Primary #	(CIRCLE ONE)
*		
MEMBER'S SIGNATURE (1) (Primary Contact)	Email Address (Ple	ase print)
		(C) or (H)
MEMBER'S PRINTED NAME (2)	Phone #	(CIRCLE ONE)
MEMBER'S SIGNATURE (2)	Email Address (Plea	se print)
Service Address		
This institution is an equal opportunity provi	der and employer.	
ACCT# MEM #:	LOCATION #	
		DOR 5/16/24

Data Collection and Disclosure Statement

Name:	Membership #
Signature: _	Date:
has been fu	on-going capital improvement project with Edwardsville Water Authority (EWA) unded by USDA Rural Development (RD). In an effort to comply with nts of such funding, EWA is <i>required</i> to collect the following information:
	(Completing the section above, fulfills the requirement on the part of EWA. Completing the remainder of the form below, is optional.)
Federal Laws prequired to fu evaluating you	following information is requested by the Federal Government in order to monitor compliance prohibiting discrimination against applicants seeking to participate in this program. You are not urnish the information below, but are encouraged to do so. This information will not be used in our application or to discriminate against you in any way. However, if you choose not to furnish red to note the race, ethnicity and sex of applicants on the basis of visual observation or surnan
☐ I do	o not wish to furnish this information.
Ethnicity:	
Hisp	panic or Latino
Not	t Hispanic or Latino
Race: (Mai	ark all that apply)
Wh	hite or Caucasian
Bla	ack or African American
Am	nerican Indian or Alaska Native
Nat	ative Hawaiian or Other Pacific Islander
Sex:	
☐ Ma	ale
Fe	emale
Non-Discrin	mination Statement: This institution is an equal opportunity provider and employer.