MEMBERSHIP#	
ACCT #	

EDWARDSVILLE WATER CORPORATION MEMBERSHIP AND ACCOUNT SET UP

Date Membership Paperwork /Fee Re	ec'd in Office:			
NEW OWNER INFORMATION				
First day in the residence				
NAME (S): Member Name (1): (Please print) Member Name (2):				
ADDRESS				-
				_
BILLING ADDRESS		-		
PHONE				_
(If more than one name will be on the	e account, please spe	cify whose # t	his is.)	
MEMBER'S SIGNATURE [Member (1)]			_	
MEMBER'S SIGNATURE [Member (2)]				
*PLEASE NOTE: Billing begins from t Water Corp or EWC. If more than o above, BOTH parties sign all documer	ne individual is listed nts.	in the "New O	wner Information" sect	tion
(The section below is completed by o				
METER SERIAL #		-		
CHECK# AMOUNT		CASH	AMOUNT	
GIVEN RECEIPT? YES NO	RECEIPT #		INITIALS	_
PRIOR OWNER INFORMATION				
NAME				
ACCOUNT#	MEMBERSH	HIP		
FINAL READING	DATE READ		WO#	

MEMBERSHIP #	
ACCOUNT #	

EDWARDSVILLE WATER CORPORATION WATER USER'S AGREEMENT

This agreement, between the EDWARDSVILLE WATER CORPORATION , a non-profit corporation, organized and existing and by virtue of the laws of the State of Indiana, hereinafte		
called the Company, an	d MEMBER NAME (Please print) (1)	
member(s) of the Com	MEMBER NAME (<i>Please print</i>) (2) pany 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.

We have entered this agreement on ______.

	Date	
EDWARDSVILLE WATER CORPORA	ATION	
President Attest Attest	Wright	
Attest Secretary	Things-	
MEMBER SIGNATURE (1)		
MEMBER SIGNATURE (2)		
MEMBERSHIP #	ACCOUNT #	 DOR 9/13/22

MEMBERSHIP #_	
ACCOUNT #_	

EDWARDSVILLE WATER CORPORATION

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.

LIST OF POTENTIAL FEES

Tampering with a meter	\$135.00	
Reinstalling meter	\$ 40.00	
Estimated charges for water usage (5,000)	\$ 40.00	
Insufficient Funds Fee	\$ 29.00	
Service Call	\$ 40.00	
Lock Fee	\$ 40.00	
Unlock Fee	\$ 40.00	
(Total Account Balance to be paid 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

MEMBER SIGNATURE (1)	DATE
MEMBER SIGNATURE (2)	 DATE

E C

Edwardsville Water Corporation

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

www.EdwardsvilleWater.com

TO: All Edwardsville Customers

SUBJECT: CONSENT TO RECEIVE AUTOMATED TELEPHONE CALLS

Dear Customer:

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 a new FCC ruling regarding automated phone dialing. We would appreciate if you would complete and return the lower portion of this mailing at your earliest convenience.

In the future, we plan to upgrade our billing system to allow for more advanced communication, i.e. e-mail. In order to prepare for this, we would appreciate if you would provide us with your e-mail address.

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.

Respectfully, Edwardsville Water Corporation

My/our signature below indicates consent to permit Edwardsville Water Corporation (the "Corporation") to utilize the following telephone number to contact me/us with an automated telephone dialing system or an artificial or pre-recorded voice regarding any matter pertaining to my/our service with the Corporation. Such calls may include, but are not limited to matters such as boil water advisories, outages and service interruptions due to lack of payment on account. I understand that I am not required to sign this agreement as a condition of receiving service from the Corporation.

*		*
MEMBER SIGNATURE (1)	(Primary Contact)	Phone number (Primary #)
MEMBER SIGNATURE (2)		Phone number
Service Address		E-mail Address (<i>Please print</i>)
This instit	tution is an equal opportu	nity provider and employer.
ACCT#	MEM #:	LOCATION # DOR 9/13/22

Data Collection and Disclosure Statement

Name:		Membership #
Signature:		Date:
funded by USDA Rural		with Edwardsville Water Corp (EWC) has been fort to comply with requirements of such information:
compliance with Fede participate in this prog encouraged to do so. discriminate against y	ral Laws prohibiting discrim gram. You are not required This information will not be ou in any way. However, if	the Federal Government in order to monitor ination against applicants seeking to to furnish this information, but are used in evaluating your application or to you choose not to furnish it, we are required in the basis of visual observation or surname.
	(I do not wish to furnish th	is information)
Ethnicity:		
	_ Hispanic or Latino	
	Not Hispanic or Latino	
Race (Mark all that ap	oply):	
	White or Caucasian	
	_ Black or African American	
	- American Indian or Alaska	Native
	- Native Hawaiian or Other	Pacific Islander
Sex:		
	_ Male	
	_ Female	

Non-Discrimination Statement:
This institution is an equal opportunity provider and employer