



PO BOX 409-Tomball, TX 77377 281-356-5347, FAX: 281-356-5382 www.quadvest.com

AGREEMENT FOR TEMPORARY WATER SERVICE

The water utility service applicant indicated below ("Customer") has applied for water utility service from QUADVEST, L.P. ("Utility") at the service location indicated below. Under state public health and water utility service regulations [30 TAC 290.46(j)], Utility may not provide continuous potable water utility service to any new construction, to any existing service location where significant plumbing modifications have been made, or to any location where Utility has reason to believe that a cross-connection or other undesirable or unsafe condition exists until the service applicant or customer presents Utility with an executed Customer Service Inspection Certificate (30 TAC 290.47-Appendix D). It is Customer's sole obligation and responsibility, at his/her expense, to have the necessary inspection performed by a properly licensed inspector. Neither Utility nor its operators perform customer service inspections.

Notwithstanding this inspection requirement before permanent water service can be provided, Utility is allowed to provide Customer with temporary water service for construction purposes only. Utility agrees to provide such temporary construction water service at its standard rates and conditions of service upon Customer's agreement that:

1. The water service provided will be used for construction, testing or landscaping purposes only.
2. The water provided will not be consumed by humans or animals.
3. Customer will notify Utility in writing when to initiate the temporary construction service.
4. Customer will notify Utility in writing when construction at the indicated service location has ended.
5. Customer agrees not to occupy or reside in the indicated service location until Customer has delivered a fully executed Customer Service Inspection Certificate to Utility.

If Customer fails to abide by any provision of this agreement, water service to the indicated service location will be terminated and will not be restored under any circumstances until a fully executed Customer Service Inspection Certificate has been delivered to Utility. Termination will be made without notice if, in the opinion of Utility's licensed operator(s), Customer's service creates an immediate hazard to public health and safety. If no such hazard exists, Customer shall be notified and given a limited time to come into compliance. Utility's state-approved reconnect fee will be charged as a condition of service restoration if temporary water service is terminated for breach of this agreement.

Customer name: _____

Customer billing address: _____

(Include street, city, and zip)

Customer phone number: _____ e-mail: _____

Customer DL#: _____ Customer SS#: _____

Service address: _____ Subdivision: _____

Section: _____ Block: _____ Lot: _____ Effective Date: _____

Customer Signature: _____ Meter Req.: _____ 5/8" _____ 1"

OFFICE USE ONLY: Date Rec'd: _____ Amount Rec'd: _____ Payment Ref: _____

Locate #: _____ Date: _____ Time: _____ Key Map #: _____

Cross Street: _____ Meter: _____ 5/8" _____ 1"

Short Tap: _____ Bore: _____ Connection Size: _____ Rt. Corner _____ Left Corner _____

Single Tap: _____ Double Tap: _____ Handset: _____

Account #: _____ Notes: _____



SECTION 1.0 - RATE SCHEDULE

Section 1.01 - Rates

<u>Meter Size</u>	<u>Monthly Minimum Rate</u> (includes -0- gallons all meters)	<u>Gallonage Charge</u>
5/8 x 3/4"	\$ 26.00	\$1.85/1000 gallon to 10,000 gal
1"	65.00	\$2.00/1000 gallon to 21000 gal
1 1/2"	130.00	\$2.20/1000 gallon to 31000 gal
2"	208.00	\$3.00/1000 gallon > 31000 gal
3"	416.00	
4"	650.00	
6"	1,300.00	

REGULATORY ASSESSMENT 1.0%

A REGULATORY ASSESSMENT, EQUAL TO ONE PERCENT OF THE CHARGE FOR RETAIL WATER SERVICE ONLY, SHALL BE COLLECTED FROM EACH RETAIL CUSTOMER

FORM OF PAYMENT: THE UTILITY WILL ACCEPT THE FOLLOWING FORM(S) OF PAYMENT :

Cash x , Check x , Money Order X , Discovery X , MasterCard X , Visa X Band Draft X
 (THE UTILITY MAY REQUIRE EXACT CHANGE FOR PAYMENTS AND MAY REFUSE TO ACCEPT PAYMENTS MADE USING MORE THAN \$1.00 IN SMALL COINS. A WRITTEN RECEIPT WILL BE GIVEN FOR CASH PAYMENTS.)

Section 1.02 - Miscellaneous Fees

TAP FEE 5/8" x 3/4" meter \$685.00
 Plus unique costs at actual cost where permitted by TCEQ rule

TAP FEE 1" meter \$750.00
 Plus unique costs at actual cost where permitted by TCEQ rule

LARGE METER TAP FEE Actual
Cost

TAP FEE IS BASED ON THE UTILITY'S ACTUAL COST FOR MATERIALS AND LABOR FOR METERS LARGER THAN STANDARD 1" METER.

RECONNECTION FEE

THE RECONNECT FEE WILL BE CHARGED BEFORE SERVICE CAN BE RESTORED TO A CUSTOMER WHO HAS BEEN DISCONNECTED FOR THE FOLLOWING REASONS:

- a) Non payment of bill (Maximum \$25.00) \$25.00
- b) Customer's request \$45.00
- c) Cut lock \$25.00

OR OTHER REASONS LISTED UNDER SECTION 2.0 OF THIS TARIFF

TRANSFER FEE \$45.00

THE TRANSFER FEE WILL BE CHARGED FOR CHANGING AN ACCOUNT NAME AT THE SAME SERVICE LOCATION WHEN THE SERVICE IS NOT DISCONNECTED



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Date: _____

Authorization Agreement for Bank or Credit Card Debiting

If you would like to enjoy the convenience of automatic billing, simply complete either the Bank or Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically debit your bank account or credit card the appropriate amount indicated on your monthly bill on the due date. You may cancel this automatic billing authorization at any time through written notification. Please allow up to 30 days for processing enrollment forms and cancellation notices.

Customer Information (To be completed by Customer)

Customer name: _____ Customer Account Number: _____ Phone: _____

I (we) hereby authorize Quadvest, L.P. to initiate debit entries to my (our) Checking Savings or Credit Card indicated below the appropriate monthly amount due for my (our) utility service on the due date. I also understand that this automatic billing will continue until written cancellation is provided to Quadvest. Please note due dates are pre-set.

Month to begin: _____

Customer's signature: _____ Date: _____

Credit Card Information

Credit Card Type: Visa Mastercard Discover Credit Card Number: _____ Expires: _____ / _____

Cardholder's Name: _____ Cardholder's Address and Zip Code: _____
(as shown on credit card) (credit card billing address)

Banking Information

Bank Type: Checking Savings *Must include a Voided check to process
Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Route No.: _____ Bank Account No: _____

