

**LADD WATER USERS ASSOC., INC.**  
705 HWY 425  
PINE BLUFF, AR 71601  
(870) 534-0684

**CUSTOMER INFORMATION FORM**  
(PLEASE PRINT CLEARLY)

DATE \_\_\_\_\_ ACCT. # \_\_\_\_\_

FULL NAME \_\_\_\_\_

NICK NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MESSAGE PHONE \_\_\_\_\_

SSN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

EMPLOYMENT ADDRESS \_\_\_\_\_

EMPLOYMENT PHONE \_\_\_\_\_

\*\*\*\*\*

SPOUSE FULL NAME \_\_\_\_\_

SPOUSE SSN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SPOUSE EMPLOYMENT \_\_\_\_\_

SPOUSE EMPLOYMENT PHONE \_\_\_\_\_

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NEAREST RELATIVE NOT LIVING WITH YOU \_\_\_\_\_

PHONE \_\_\_\_\_

NEAREST FRIEND \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

LAST WATER UTILITY A CUSTOMER WITH \_\_\_\_\_

BANK \_\_\_\_\_

**WATER USERS AGREEMENT**

I, \_\_\_\_\_ HEREBY MAKE APPLICATION TO THE LADD WATER USERS ASSOCIATION, INC., FOR WATER SERVICE AT THE FOLLOWING LOCATION:

LOCATION: \_\_\_\_\_

\_\_\_\_\_

OWNER OF PROPERTY: \_\_\_\_\_

TENANT: \_\_\_\_\_

IN CONSIDERATION OF THE COMPANY'S UNDERTAKING THE CONNECTION OF ITS WATER WORKS SYSTEM TO MY SERVICE LINE, I AGREE TO THE FOLLOWING CONDITIONS:

(1) TO INSTALL AND MAINTAIN AT MY EXPENSE AT EACH METER LOCATION THE NECESSARY SERVICE LINE TO CAUSE THE PROPERTY DESCRIBED ABOVE, WHICH IS OWNED OR OCCUPIED BY ME, TO BE CONNECTED WITH THE WATERWORKS SYSTEM.

(2) I AGREE THIS WATER SERVICE WILL BE USED FOR THE PURPOSE OF SERVING (1) RESIDENCE. IF MORE THAN ONE RESIDENCE IS CONNECTED TO THIS SERVICE, SERVICE WILL BE DISCONNECTED AND A DISCONNECTION FEE WILL BE CHARGED TO RESTORE SERVICE AT THE ORIGINAL RESIDENCE WHEN MULTIPLE RESIDENCES ARE SERVED FROM SERVICE.

INITIAL \_\_\_\_\_

(3) TO USE THE WATER IN ACCORDANCE WITH RULES AND REGULATIONS AS ESTABLISHED BY THE COMPANY AND THE ARKANSAS DEPARTMENT OF HEALTH, AND TO PROMPTLY PAY FOR THE WATER AT THE APPLICABLE SCHEDULE OF RATES.

(4) TO PAY A NON-REFUNDABLE CONNECTION CHARGE OR TAPPING FEE AT EACH METER LOCATION AND APPROPRIATE FEES FOR EXTENSIONS OR ROAD CROSSINGS IF APPLICABLE PRIOR TO CONNECTION OF THE SYSTEM TO MY SERVICE LINE. ALSO TO PAY A METER/MEMBERSHIP DEPOSIT, SAID DEPOSIT BEING REFUNDABLE ACCORDANCE WITH THE RULES AND REGULATIONS OF THE COMPANY.

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(381) \$ \_\_\_\_\_ RENTAL PROPERTY DEPOSIT  
(42410) \$ \_\_\_\_\_ MEMBERSHIP FEE  
(506) \$ \_\_\_\_\_ METER SET  
\$ \_\_\_\_\_ **TOTAL**

CUSTOMER SIGNATURE \_\_\_\_\_

(1) I / WE AGREE TO PAY THE MINIMUM WATER BILL EACH MONTH OR THE APPROPRIATE AMOUNT FOR WATER CONSUMED IN A BILLING PERIOD. FAILURE TO PAY THE MINIMUM BILL OR CURRENT BILLING AMOUNT WILL RESULT IN DISCONNECTION AFTER THE 20TH OF EACH MONTH. IN THE CASE A DISCONNECT IS DECLARED BY THE ASSOCIATION, ALL DEPOSITS AND PAYMENTS WILL BE FORFEITED. A RECONNECT CHARGE FEE AS REQUIRED BY THE ASSOCIATION WILL BE CHARGED WHEN SERVICE IS AGAIN REQUESTED.

(2) TO DISCONNECT ALL PRIVATELY OWNED WATER SUPPLY SOURCES FOR MY RESIDENCE, OTHER POINT OF USE, AND USE WATER PROVIDED BY THE ASSOCIATION IN ACCORDANCE WITH RULES AND REGULATION OF THE LADD WATER USERS ASSOCIATION, INC. AND THE ARKANSAS STATE HEALTH DEPARTMENT, AND TO PROMPTLY PAY FOR WATER SERVICE AT THE APPLICABLE SCHEDULE OF RATES.

\_\_\_\_\_  
OFFICE MANAGER LADD WATER USERS

\_\_\_\_\_  
MANAGER-OPERATOR LADD WATER USERS

\_\_\_\_\_  
OFFICE PERSONNEL LADD WATER USERS