

**Creston Water System, Inc.**  
**P.O. Box 484 Campti, LA 71411**  
**318-875-2100**

Email: [crestonwater@yahoo.com](mailto:crestonwater@yahoo.com)

Website: crestonwater.com

APPLICATION AGREEMENT FOR RESIDENTIAL WATER SERVICE:

CUSTOMER NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

HOME PHONE:(\_\_\_\_) \_\_\_\_\_ CELL:(\_\_\_\_) \_\_\_\_\_ WORK:(\_\_\_\_) \_\_\_\_\_

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

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ DRIVER'S LICENSE STATE: \_\_\_\_\_

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Bill due date is the 15<sup>th</sup> of the month. On the 16<sup>th</sup> a 10% late fee is applied. **Bills must be paid in FULL by 8:00 a.m. on the 20<sup>th</sup> of the month or service will be disconnected. A \$100.00 Reconnect Fee will be added to the amount owed and MUST be paid to restore service.**

CHARGES and FEES:

**Meter Deposit** (Refundable minus any outstanding balance when service is terminated)  \$175.00

New applications require a Meter Deposit AND a Connection Fee.

**Connection/Reconnection Fee**  \$100.00

**Standard New Installation** (Includes Connection Fee and Meter Deposit)  \$1075.00

Required when working water service does not already exist at location.

Includes standard fittings, pipe, meter, valves, etc. Standard Installation does not include road bore, large fittings, commercial service, contractor services, etc. those fees will be added at the customers expense.

**Other Charges:**  \$10 NSF Check  Tampering Fee:\$25 + Repair or Replacement Cost

Total Charges Collected \$ \_\_\_\_\_ Date: \_\_\_\_\_ Check # \_\_\_\_\_

By signing and submitting this application, I, the applicant understands that I must adhere to all the policies, rules and procedures of CRESTON WATER SYSTEM, INC. Furthermore, I understand all fees must be paid in full prior to service being connected or reconnected. Applicant must fill out a Deposit Refund Request Form before Meter Deposits can be refunded.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use:

Account #: \_\_\_\_\_ Meter Serial #: \_\_\_\_\_

Sequence: \_\_\_\_\_

Beginning/Ending Reading: \_\_\_\_\_

Total Deposit Refunded \$ \_\_\_\_\_ Date: \_\_\_\_\_