

LaGuardo Utility District Subscription Contract for Water Service

7880 Coles Ferry Pike, Lebanon, TN 37087 Phone: 615-444-3378 Fax: 615-444-3342

www.laguardoutility.com

I, _____
Name of Responsible Applicant(s)

Hereby request the LaGuardo Utility District, of Wilson County, Tennessee, to provide water service at the property

Located at: _____
Address / lot # Residential Commercial

Applicant is: Owner Renter/Leaser

IN CONSIDERATION OF THE UNDERTAKING BY THE DISTRICT, APPLICANT AGREES TO:

1. Pay with the filing of this application the applicable connection and meter fee and any other applicable fees as currently set out on the Schedule of Rates and Fees.
2. Connect to the water system at the meter installed to serve the above property and install and maintain applicant's own service line from the meter to the place of actual water use.
3. Begin using water immediately after being notified that water is available.
4. Comply with the District's Rules, Regulations and Policies. Pay promptly each bill at such rates, time and place as shall be determined by the District's governing body. I understand and will abide by the District's billing and cut-off procedures and any cut-off or other agreement the District enters with another utility provider. Should I not pay in accordance with the District's Rules, I agree to pay all costs of collection, including attorney fees. **Bills are due by the 15th of each month. Penalties are applied after the 15th of each month. Cut-offs are on the 25th or after of each month.**
5. Comply with the requirements of the Tennessee Dept. of Environment and Conservation that any other water source used by Applicant will never be connected to the District's lines. **Backflow preventors are required by TDEC on all commercial services and Irrigation/sprinkler systems, including a required annual testing.**
6. Grant the District the right of ingress and egress necessary for the District to successfully operate and maintain its water lines and appurtenances. I grant the District permission to enter upon my property for any reason connected with the provision or removal of service or collection therefor.
7. Grant an easement across my property should the District determine to lay its lines on private property, and execute any documents necessary to evidence the easement(s) granted hereby.
8. I understand that the District does not warrant or guarantee that at all times I will receive adequate water or adequate pressure and agree that the District shall not be liable for loss or damage resulting therefrom.

MUTUAL AGREEMENTS:

1. The connection and meter fee will be non-refundable unless the District determines connection is not feasible.
2. When property is sold, new owners will pay a fee to transfer water service into their name. In the event the said owner rents/leases property, upon the renter discontinuing service, service and responsibility for the account will at that time revert to the owner of the property.
3. Loans obtained to finance the District's water works system will not be a lien on the applicant's property.

Mailing Address if different _____
(Street Address) (City) (State) (Zip)

Phone: _____ Work/Cell# _____

Print Name: _____ Date acquired: _____

Signed: _____ Date: _____

<i>This box is for LaGuardo Utility District use only</i>		Processed by: _____	
Previous Customer _____	Acct. # _____		
Received From The Above Application	<input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> credit card <input type="checkbox"/> other	\$ _____	
Regular 3/4" Tap-	<u>\$1,500.00</u>	Meter Fee-	<u>\$50.00</u>
Irrigation 3/4" Tap-	<u>\$1,500.00</u>	Owners Residential Fee-	<u>\$50.00</u>
Capacity Fee 3/4"-	<u>\$1,250.00</u>	Renter/Leaser Fee-	<u>\$100.00</u>
Other Taps/Misc Fees-	_____	Reconnection Fee-	<u>\$75.00</u>

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"This institution is an equal opportunity provider, and employer. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Ave., S.W., Washington ,D.C. 20250-9410, or call (800)795-3272(voice) or (202)720-6382(TDD)."

LaGuardo Utility District
Cross-Connection Survey
Residential

Occupant Name: _____

Occupant Address: _____

Do any of the following exist at the above address?
(circle yes or no)

- | | | |
|------------------------------------|-----|----|
| 1. Hot Tub | yes | no |
| 2. Swimming Pool | yes | no |
| 3. Jacuzzi | yes | no |
| 4. Waterbed | yes | no |
| 5. Solar System | yes | no |
| 6. Green House | yes | no |
| 7. Lawn Irrigation System | yes | no |
| 8. Dark Room Equipment | yes | no |
| 9. Portable Dialysis Machine | yes | no |
| 10. Insecticide Sprayers | yes | no |
| 11. Utility Sink w/threaded faucet | yes | no |
| 12. Water Filtering System | yes | no |
| 13. Water Softening System | yes | no |
| 14. Water Well | yes | no |
| 15. Fire Sprinkler System | yes | no |

APPLICATION FORMS & INFORMATION COLLECTION REQUIREMENTS:

All recipients, other than those using guarantee programs, are required to collect data on race/ethnic and gender of users or beneficiaries.

Application form must include below the signature and date block the following disclosure statements: (rev. 1/2001 as per Fed. Register Vol. 62 No. 210)

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

Ethnicity:

Hispanic or Latino_____

Not Hispanic or Latino_____

Race: (Mark one or more)

White_____ Black or African American_____

American Indian/Alaska Native_____ Asian_____

Native Hawaiian or Other Pacific Islander_____

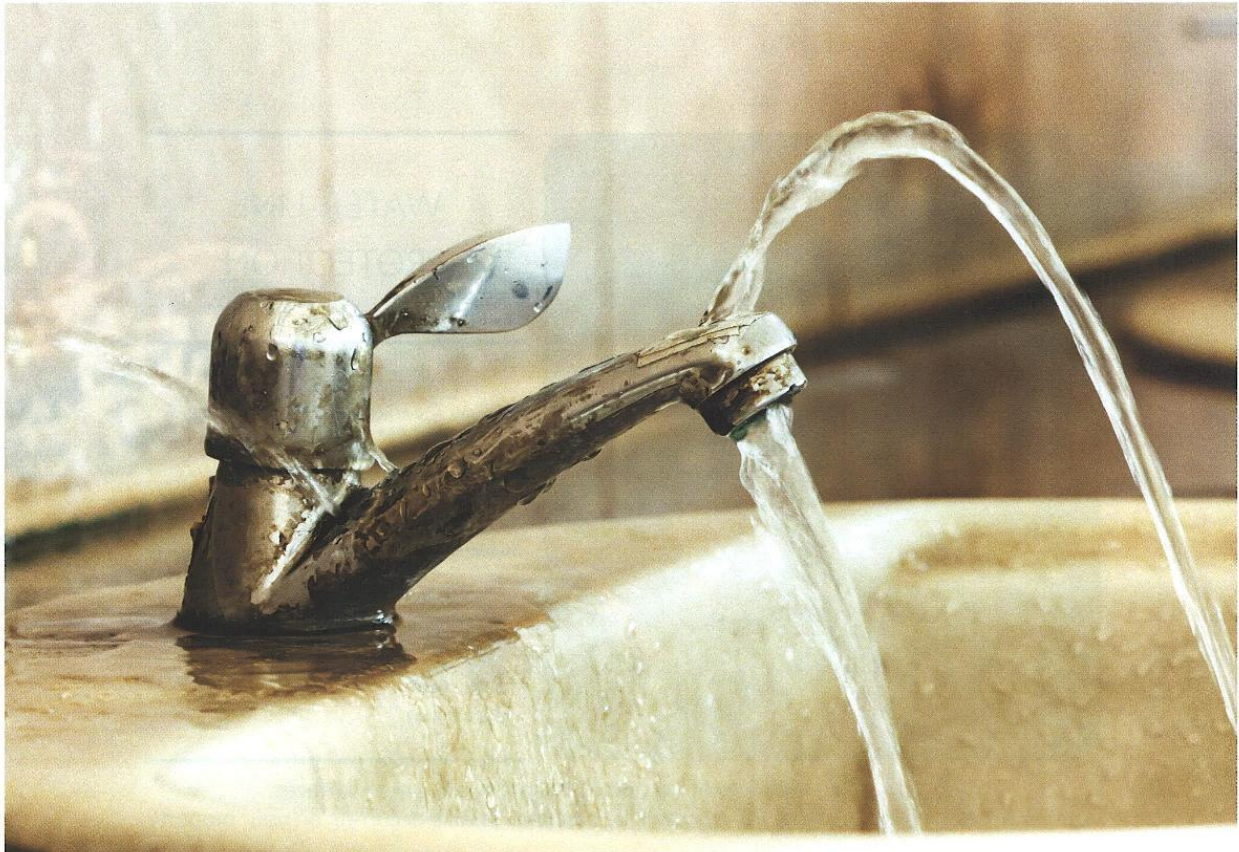
Gender: Male_____ Female_____



LaGuardo Utility District ServLine
Leak Protection Program
Established March 1st, 2016



LEAKS HIT YOUR BUDGET LIKE A FLOOD!



When you have a leak you are responsible to pay for the cost of the water that is used. With our ServLine Program you will be protected from this unexpected expense. All Eligible Customers are transitioned into our program, established March 1st, 2016. Covers qualifying leaks occurring on your property providing up to \$2,500 once every 12 Months. Please refer to our leak protection policy for guidelines and qualifications for leak adjustments. Policy can be found at www.Laguardoutility.com

WATER LEAK
PROTECTION



Only: \$2.10
Per Month.

CALL TODAY: (615) 470-0191

Call us to decline protection and accept full responsibility for water bills caused by water leaks

IF YOU WOULD LIKE TO ENROLL IN OUR ADDITIONAL SERVICE LINE PROTECTION

CALL TODAY: (615) 470-0191



WATER LINE PROTECTION

UP TO \$10,000/ REPAIR
FOR CRACKED OR BROKEN LINE
FROM METER TO FOUNDATION
NO DEDUCTIBLE
NO ANNUAL LIMIT
ENROLL NOW - CALL TODAY



ONLY \$4.95
PER MONTH

RESIDENTIAL

Provides \$500 for landscaping and \$500 for private paved surfaces.
Line Protection covers qualifying** Service Line cracks or breaks occurring on your property.



"My neighbors felt sorry for me when they saw the different companies coming out to mark the gas, electric, and water lines before the backhoe began to dig up my yard. They said it must be terribly expensive and wanted to know how much all of it was going to cost. I was able to proudly say, nothing! My ServLine Line Protection offered by the utility covered the full amount! It paid \$1,575.00 to the plumber to replace 25-feet of my water line."

- Mrs. McWherter | Home Owner -

All leaks occurring after March 1st 2016 will only be adjusted through our ServLine program. * Please refer to our Leak Protection Policy for guidelines and qualifications for leak adjustments. * ** Some restrictions do apply: • Call • to request a full copy of program protections and exclusions. **Some exclusions are: water meter, water pit, water vault, pumps, valves, back flow assemblies. Disclaimer: The information presented herein is not a contract, binder, or agreement to extend insurance coverage. The contents provided are intended as an announcement without any express or implied coverage of any kind. Payment of benefits are subject to all terms, conditions, limitations, and exclusions of the member's participation at time of service. For more information, contact ServLine (615) 470-0191.