

# 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 15<sup>th</sup> of each month. Penalties are applied after the 15<sup>th</sup> of each month. Cut-offs are on the 25<sup>th</sup> 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: \_\_\_\_\_

<b><i>This box is for LaGuardo Utility District use only</i></b>			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 \$ _____
<b>Regular 5/8" Tap-</b>	<b><u>\$1,500.00</u></b>	<b>Residential Owner Application Fee-</b>	<b><u>\$50.00</u></b>	<b><u>Check #</u></b>
<b>Irrigation 5/8" Tap-</b>	<b><u>\$1,500.00</u></b>	<b>Commercial Owner Application Fee-</b>	<b><u>\$75.00</u></b>	
<b>Capacity Fee 5/8"-</b>	<b><u>\$1,250.00</u></b>	<b>Renter/Leaser Application Fee-</b>	<b><u>\$100.00</u></b>	
<b>Other Taps/Misc Fees-</b>	_____	<b>Reconnection Fee-</b>	<b><u>\$75.00</u></b>	

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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: \_\_\_\_\_

**Existing Home**  
*(Home is complete)*  
Water service already exists here

**New Construction**  
*(New home to be built)*  
Purchasing a new water tap/meter today

\_\_\_\_\_  
*(Other)*

**Do any of the following exist at the above address?**  
*(Please 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\_\_\_\_\_**