Please Print Clearly / Legibly	Approved by Board Members:	Requested Connection Date:

### CITY OF COOLIDGE APPLICATION FOR UTILITY SERVICES

Applicant Name: _			
	Last Name	First Name	MI
Spouse's Name:			
			MI
'nysicai Service A	aaress:		
Mailing Address: _		City	Zip
(v	where the water bi	ill post card will come)	
Home Phone #:	()	o house in Applicants name o	)
-		ent DL or Texas ID in order t	
ocial Security #:	T	X Driver's License #:	TX ID#:
(Must pro	vide to the office,	copies are made for custom	ers file folder)
inployer			
		Employer Phone	
Employer Address	:		#:
Employer Address	: ge Collection Services:	Employer Phone	#:
Employer Address:	: ge Collection Services:	Employer Phone solvice? Yes No Poly Cart \$ 21.00	#:
Employer Address	:1ge Collection Services:1 F1 F 2 y	Employer Phone :  vice? Yes No  Poly Cart \$ 21.00  tra Poly Cart \$ 8.00 each yd Dumpster \$	#:
Employer Address:	:1ge Collection Services:1 F1 F 2 y	Employer Phone : vice? Yes No Poly Cart \$ 21.00 tra Poly Cart \$ 8.00 each	#:Account Number: Deposit Date: Deposit Amount: \$ Service
Employer Address: nterested in Garba Please Choose Ser	ege Collection Services:	Employer Phone :  vice? Yes No  Poly Cart \$ 21.00  tra Poly Cart \$ 8.00 each yd Dumpster \$ yd Dumpster \$	#:Account Number:  Deposit Date:  Deposit Amount: \$  Service Connect Date:
Employer Address: nterested in Garba Please Choose Ser	:1  rvices:1 1 2 3  leeded?Yes	Employer Phone :  vice? Yes No  Poly Cart \$ 21.00  tra Poly Cart \$ 8.00 each yd Dumpster \$	Account Number:  Deposit Date:  Deposit Amount: \$
Employer Address:  nterested in Garba Please Choose Ser  S a master Meter N Only required if you hoo N monthly donation oill for the Coolidge agreement	ge Collection Services:  1 F X-1 2 y 3 y  leeded?Yes bk up more than one ho n of \$2.00 (\$24.00 e Volunteer Fire D	Employer Phone :  vice? Yes No  Poly Cart \$ 21.00  tra Poly Cart \$ 8.00 each  yd Dumpster \$	#:Account Number: Deposit Date: Deposit Amount: \$ Service Connect Date: For office use only.
Employer Address:  nterested in Garba Please Choose Ser  A monthly donation oill for the Coolidge agreement (Ini	ge Collection Services: 1 F2 y3 y  leeded?Yes ok up more than one ho n of \$2.00 (\$24.00 e Volunteer Fire D	Employer Phone :  vice? Yes No  Poly Cart \$ 21.00  tra Poly Cart \$ 8.00 each  yd Dumpster \$  yd Dumpster \$  No(Additional Fees Apply)  busehold or an RV into your service.)  a year) will be added to each	#:Account Number: Deposit Date: Deposit Amount: \$ Service Connect Date: For office use only.  gement &

Signature

Date

PURPOSE. THE CITY OF COOLIDGE IS RESPONSIBLE FOR PROTECTING THE DRINKING WATER SUPPLY FROM CONTAMINATION OR POLLUTION WHICH COULD RESULT FROM IMPROPER SYSTEM CONSTRUCTION OR CONFIGURATIONS ON THE RETAIL AGREEMENT IS TO NOTIFY EACH CUSTOMER OF THE RESTRICTIONS WHICH ARE IN PLACE TO PROVIDE THIS PROTECTION. THE PUBLIC WATER SYSTEM ENFORCES THESE RESTRICTIONS TO ENSURE THE PUBLIC HEALTH AND WELFARE. EACH RETAIL CUSTOMER MUST SIGN THIS AGREEMENT BEFORE THE CITY OF COOLIDGE WILL BEGIN SERVICE. IN ADDITION, WHEN SERVICE TO AN EXISTING RETAIL CONNECTION HAS BEEN SUSPENDED OR TERMINATED, THE WATER SYSTEM WILL NOT REESTABLISH SERVICE UNLESS IT HAS A SIGNED COPY OF THIS AGREEMENT.

RESTRICTIONS. THE FOLLOWING UNACCEPTABLE PRACTICES ARE PROHIBITED BY THE STATE REGULATIONS.

- NO DIRECT CONNECTION BETWEEN THE PUBLIC DRINKING WATER SUPPLY AND A POTENTIAL SOURCE IS PERMITTED. POTENTIAL SOURCES OF CONTAMINATION SHALL BE ISOLATED FROM THE PUBLIC WATER SYSTEM BY AN AIR GAP OR APPROPRIATED BACKFLOW PREVENTION DEVICE.
- NO CROSS-CONNECTION BETWEEN THE PUBLIC DRINKING WATER SUPPLY AND A PRIVATE WATER SYSTEM IS PERMITTED. THESE POTENTIAL THREATS TO THE PUBLIC SYSTEM SHALL BE ELIMINATED AT THE SERVICE CONNECTION BY THE INSTALLATION GAP OR A REDUCES PRESSURE-ZONE DEVICE.
- NO CONNECTION WHICH ALLOWS WATER TO BE RETURNED TO THE PUBLIC DRINKING WATER SUPPLY IS PERMITTED.
- NO PIPE FITTING WHICH CONTAINS MORE THAN 0.25% LEAD MAY BE USED FOR THE INSTALLATION OR REPAIR OF PLUMBING AT ANY CONNECTION WHICH PROVIDES WATER FOR HUMAN USE.
- NO SOLDER OR FLUX WHICH CONTAINS MORE THAN 0.2% LEAD CAN BE USED FOR THE INSTALLATION OR REPAIR OF PLUMBING AT ANY CONNECTION WHICH PROVIDES WATER FOR HUMAN USE.

(Customer Name)

(Date)

THE WATER SYSTEM SHALL MAINTAIN A COPY OF THIS AGREEMENT AS LONG AS THE CUSTOMER AND/OR THE PREMISES IS CONNECTED TO THE WATER SYSTEM.

THE CUSTOMER SHALL ALLOW HIS PROPERTY TO BE INSPECTED FOR POSSIBLE CROSS-CONNECTIONS AND OTHER POTENTIAL CONTAMINATION HAZARDS. THESE INSPECTIONS SHALL BE CONDUCTED BY THE WATER SYSTEM OR ITS DESIGNATED AGENT PRIOR TO INITIATING WATER SERVICE; WHEN THERE IS A REASON TO BELIEVE THAT CROSS-CONNECTIONS OR OTHER POTENTIAL CONTAMINATION HAZARDS EXIST; OR AFTER ANY MAJOR CHANGES TO THE PRIVATE WATER DISTRIBUTION FACILITIES. THE INSPECTIONS SHALL BE CONDUCTED DURING THE WATER SYSTEM'S NORMAL BUSINESS HOURS.

THE WATER SYSTEM SHALL NOTIFY THE CUSTOMER IN WRITING OF ANY CROSS-CONNECTIONS OR OTHER POTENTIAL CONTAMINATION HAZARD HAS BEEN IDENTIFIED DURING THE INITIAL INSPECTION OR PERIODIC REINSPECTION.

THE CUSTOMER SHALL IMMEDIATELY REMOVE OR ADEQUATELY ISOLATE ANY OPTIONAL CROSS-CONNECTIONS OR OTHER POTENTIAL CONTAMINATION HAZARDS ON HIS PREMISES.

THE CUSTOMER SHALL, AT HIS EXPENSE, PROPERLY INSTALL, TEST AND MAINTAIN ANY BACKFLOW PREVENTION DEVICE REQUIRED BY THE WATER SYSTEM. COPIES OF ALL TESTING AND MAINTENANCE RECORDS SHALL BE PROVIDED TO THE WATER SYSTEM.

ENFORECEMENT. IF THE CUSTOMER FAILS TO COMPLY WITH THE TERMS OF THE SERVICE AGREEMENT. THE WATER SYSTEM SHALL, AT ITS OPTION, EITHER TERMINATE SERVICE OR PROPERLY INSTALL, TEST, AND MAINTAIN AN APPROPRIATE BACKFLOW PREVENTION DEVICE AT THE SERVICE CONNECTION. ANY EXPENSES ASSOCIATED WITH THE ENFORCEMENT OF THIS AGREEMENT SHALL BE BILL TO THE CUSTOMER.

Customer Signature:	Date:

#### **FEE SCHEDULE**

RESIDENTIAL SERVICE

\$ 200.00

•	Water Rate		
		or 1 <sup>st</sup> 1000 gallo	
			al 1000 gallons thereafter.
		\$	25.00
			50.00
•	Water Corried II	ansfer \$	50.00
•	maio. Tap		
	■ In City Lir		500.00
		y Limits \$ \$	900.00
	Sewer		0.00 (1.1.1.000   5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
	<ul> <li>Residenti</li> </ul>	<b>T</b>	0.00-first 1,000 + 5 for every 1,000 after
	<ul> <li>Commerce</li> </ul>		2.00-first 1,000 + 5 for every 1,000 after
	■ School	\$	005.00
•	Sewer Tap	•	325.00
•	Garbage Service		24.00
	<ul><li>1 Poly Ca</li><li>Extra Poly</li></ul>	III D	21.00
	<ul><li>Extra Poly</li><li>2 yd Dum</li></ul>	pster \$	3.00 each
	■ 3 yd Dum	•	
		es on request	
	Other Size	os on request	
MASTER M	ETER SERVICE		
	Master Water Me	eter Service	
		or 1 <sup>st</sup> 2000 gallo	ns, then
			l 1000 gallons thereafter.
	Master Meter Se	wer Service	\$ 50.00
	Master Meter Ga	rbage Service	\$ 35.00
Customers m	nay dump at the land fi		
	rday of the month fror		
the mst Satt	iluay of the month nor	11 7.00a.111. to No	JII.
Customer Sign	ature:		Date:
		NOTIC	E USE OF CHLORMINES
			= = = = = · ···········-•

The City of Coolidge purchases water from the Brandon – Irene Water Supply Corporation. The water is treated with chloramines prior to entering the Coolidge water system. The use of chloramines instead of chlorine is intended to

Water Service Deposit

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benefit customers by reducing the level of disinfection by products (DBPs) in the system, while still providing protection from waterborne disease.

However, chloramines can cause problems for people dependent on dialysis machines. A condition known as hemolytic anemia can occur if the disinfectant is not completely removed from the water that is used for the dialysate. Consequently, the pretreatment scheme used for the dialysis units must include some means, such as a charcoal filter, for removing the chloramine. Medical facilities should also determine if additional precautions are required for other medical equipment.

In addition, chlorinated water may be toxic to fish. If you have a fish tank, please make sure that the chemicals or filters that you are using are designated for use in water that has been treated with chloramines. You may also need to change the filter that you use for fish tanks.

#### City Of Coolidge Notice to water Utility Customers Disconnection Policy

- 1. Bill will be mailed out on or before the 1<sup>st</sup> of each month. Bill is payable upon receipt.
- 2. Bill must be paid in full. No partial payments for water utility payment will be accepted. If partial payment is sent, it will be applied to your outstanding bill but does not prevent late fees for any portion received after the 15<sup>th</sup> of the month.
- 3. Payments are considered late if paid after the due date of the 15<sup>th</sup> of the month.
- 4. The disconnect date is the 26th of every month.
- 5. Payment must be received at the post office box or the drop box at the city hall on the 26<sup>th</sup> day of the month by 8:30 a.m. Service will be disconnected after 9:00 a.m.
- 6. If your service is interrupted and you have not officially terminated your account, you will be billed for all amounts of water usage, sewer, and garbage pickup. Your account is not considered terminated because you have been disconnected due to non-payment of services. All past due balances, late fee, and reconnect fee must be paid in full to receive services again.
- 7. A \$50.00 reconnect fee must be paid before service is restored. If your service is disconnected more than once an additional \$10.00 reconnect fee will be added each time, e.g., 1st time-\$60.00; 2nd time-\$70.00; and the third time will be \$80.00, etc. Please Note: The city is initiating a probationary period to reset the fee schedule. After the 1st disconnection, we will start a probationary period of 12 months from the date of disconnection. If there are no other disconnections to your service during this probationary period, the fee schedule will be reset to a first-time disconnection.
- 8. Reconnect fee, additional deposit, unpaid water bill must be mailed to P.O.Box 457, Coolidge, Texas 76635 or placed in the drop box at the City Office. Payments for water bill, deposits, etc. will not be taken by any City Official or City Employee outside of normal business hours or outside the City Office.

9.	No EXTENSION for water utility services will be given for any reason.	
10.	Customer Signature:	Date:

#### **City of Coolidge Master Meter Policy**

Notice regarding policies for master meters for the water services of the City of Coolidge, Texas. This agreement held between the customer and the City of Coolidge, organized under the laws of the State of Texas, includes but not limited to the following:

- A Master Meter is a meter used to measure, for billing purposes, all water usage of an apartment, house, condominium, multiple use facility, or manufactured home rental community including common areas, common facilities, multiple tenant properties and dwelling units.
- Non-Standard Service is defined as any service request that requires a larger meter service, service
  to a master meter account, or an addition to the supply, storage and / or distribution / collection
  system. The service requirements shall be determined by the City Council as to the appropriate size
  and type of meter to serve non-standard customers. A recreational vehicle or camper connected to
  water and sewer and is an additional resident is determined by the City Council to be non-standard
  and therefore requires a master meter.
- If at any time the City Council determines that the customer service demands have changed from those originally applied for to a different service classification: and the City determines that additional or different facilities ae necessary to provide adequate service, the City shall require the customer to re-apply for service under the terms and conditions of this service policy.
- This will require ka new Water Utility Service Application and Agreement, current ID for the customer and deposit brought to current deposit amounts. Customers failing to comply with these provisions shall be subject to the disconnection with notice provisions.
- Master Metering does not apply to separate, permanent stand-alone structures that would require their own separate meter, taps and account.
- The water rates for a master meter account will be: \$60.00 for the first 2000 gallons and \$9.00 per thousand gallons after, per month.
- The sewer rates for a master meter account will be: \$50.00 per month.
- The garbage rates for a master meter a min account will be: \$35.00 per month.
- The costs in parts, labor, established services type and administrative fees associated with the change in service classification needs will be charged to the customer. Customers failing to comply with the provisions shall be subject to the disconnection with notice provisions.

These policies are subject to change as required and voted on by the City Council of Coolidge. The council shall establish rates / fees / guidelines for services as necessary to operate and maintain the city utility.

Customer Signature:	Date:	
	<b>Utility Service</b>	

Water

<ul> <li>Water Service</li> </ul>	Deposit	
•	Residential	\$200.00
•	Commercial	\$
<ul> <li>Water Rate</li> </ul>		
•	Residential	\$25.00 \$15.00 For the 1 <sup>st</sup> 1,000 gallons
<ul> <li>Commercial</li> </ul>		To be determined
<ul> <li>Water Tap</li> </ul>		
•	In City Limits	\$500.00
•	Out of City Limits	\$900.00
Waste Water		
<ul> <li>Sewer/Waste</li> </ul>	Water Rate	
•	Residential	\$20.00-first 1,000 + 5 for every
	1,000 after	
•	Commercial	\$37.00-first 1,000 + 5 for every
	1,000	
	after	
•	School	To be determined
•	Sewer Tap	\$325.00
Garbage Collection	n	
<ul> <li>Garbage Serv</li> </ul>	ice	
•	Commercial	\$21.00 1 poly cart
	<ul><li>Each Poly Cart is \$8.00</li></ul>	\$8.00
	<ul><li>(Max of 3 per service)</li></ul>	
•	Dumpster	Call office for pricing
********Customers may	dump at land fill in Mexia the first Saturday of	the month from 7:00 am to Noon.
Customer Signature:	Date:	
	Other Fees	
Return Check Fee		\$40.00
Late Fee		\$25.00
		•

Re-Connect Fee	\$50.00
Water Service Transfer	\$50.00
(add name or take off)	
Vacation mode	Only for a week.
Facility Rental (Civic center)	\$500.00 + 250 Deposit
Specific Use Permits	\$100.00
Registration	\$25.00
Copies each (single sided sheet)	\$1.00
Fax	\$1.25
Records Request (Regardless of Delivery Method)	
<ul> <li>Each Single Sided Sheet</li> <li>For requests that require more than 15 minutes and copies to be made, labor will be charged a</li> </ul>	

\*\*\*\*\*We offer several ways to make payment such as:

The convenience of Online, Drop off Box at the City Hall, Mail in payment USPS, Cash, Check & Money Order.

Customer Signature:	I	Date:	

#### **APPLICATION FOR SPECIFIC USE PERMIT**

Application Fee: \$100.00 NON-REFUNABLE

Registration Fee: \$25.00

Please attach a plot plan of the property and a photo of the Manufactured Home.

The following information must be completed in fill and submitted to the City of Coolidge prior to placement on the Agenda for Council consideration and approval.

Date:		
Applicant Name:		
Applicant Current Address:		
Applicant Phone:	Cell:	Work:
Email Address:		
Name of Property Owner & Address:		
Legal Description of Property & Address:		
Proposed Land Use:		
HUD CODE CERTIFICATION#		
	(If permit is t	for a manufactured home)
MODEL #	SERIA	AL #
LABEL / SEAL #		
Size of Manufactured Home- Length:	Width:	Sq. Ft.:
Installer Information:		
Registration #:		Phone #:
Address:		
Estimated State Date:		
Estimated Completion Date:		
	—— Apı	plicant Signature
	Pro	operty Owner Signature if different than Applicant.
APPLICATI	ON FOR S	PECIFIC USE PERMIT
Name of applicant		
2. Applicants Address		

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ve)
me or any
of Coolidge ration.

### **Request for Service Discontinuance**

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

l,	, hereby request that my
water / sewer / garbage services, acco	ount number is
Located at	, be discontinued on
	, of I understand that if I
	d, a new application / service agreement and
Furthermore, any deposit held will be a amount will be refunded to me. I am re	applied to the balance owed and any remaining esponsible for any remaining balance.
	Please send refund to:
	Phone#:
If applicable (for joint accounts): I furth	er represent that my spouse, , Joins me in this request and I am
	Service Discontinuance on behalf of my
Customer Signature:	Date: