**Northwest Allen Parish PO Box 363 318-634-5256**

**Waterworks District Grant, LA 70644 nwallenwater@gmail.com**

**BULK WATER SALES**

**$100.00 SETUP FEE**

**$175.00 SET UP FEE IF REQUESTED AFTER HOURS**

**SETUP FEE INCLUDES 2,000 GALLONS**

**$15.00/1,000 GALLONS THEREAFTER**

**(SALES TAX WILL BE COLLECTED)**

I hereby understand that I am paying a $100.00 setup fee to receive bulk water from Northwest Allen Parish Waterworks District. By signing this agreement, I agree to all of the following statements. I agree to pay for all water received at a rate of $15.00 per thousand gallons after the first initial 2,000 gallons which are covered by the $100.00 fee. If water is requested after regular business hours, there will be an additional $75.00 fee. This bulk water will be supplied at a location designated by the Operator, and consumption will be monitored by an Operator with Northwest Allen Parish Waterworks District. It is my responsibility to notify either an Operator with Northwest Allen Parish Waterworks District or the Office Manager as to the amount of water being used, preferably once a week. It will also be my responsibility to inform an Operator with Northwest Allen Parish Waterworks District when I no longer require the Bulk Water Setup.

I understand that it will be my responsibility to close the hydrant after fill up. Any water loses due to the hydrant being left on after work ceases will be my responsibility to pay. I have been informed by Northwest Allen Parish Waterworks District on the proper procedure for opening and closing a fire hydrant to avoid water hammer in the distribution system. I also agree/understand that I am financially responsible for any damage that may result from me or one of my employees to the Waterworks District ie: flush valve, hydrant, meter, backflow preventor, or customer property due to water hammer.

WITNESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BILLING INFORMATION

COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

CIT, STATE, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT INFORMATION

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_