

**MORRIS PUBLIC WORKS ASSOCIATION**  
**APPLICATION FOR WATER ACCOUNT**

**MPWA**

**New Account #:** \_\_\_\_\_

**Connect Date:** \_\_\_\_\_

**Current Meter Reading:** \_\_\_\_\_

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

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

Is address going to be occupied? YES  NO  Occupant is the: Owner  Renter

**MAILING ADDRESS IF DIFFERENT:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**APPLICANT INFORMATION**

**NAME: FIRST** \_\_\_\_\_ **MIDDLE** \_\_\_\_\_ **LAST** \_\_\_\_\_

**ID # AND TYPE:** \_\_\_\_\_ Drivers License/State ID  Military  Passport

**Issuing State:** \_\_\_\_\_

**Primary Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SSN #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Employer/Position:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Previous Residential Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**SPOUSE OR CO-APPLICANT**

**NAME: FIRST** \_\_\_\_\_ **MIDDLE** \_\_\_\_\_ **LAST** \_\_\_\_\_

**ID # AND TYPE:** \_\_\_\_\_ Drivers License/State ID  Military  Passport

**issuing State:** \_\_\_\_\_

**Primary Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SSN #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Employer/Position:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Previous Residential Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**New Customer:** YES  NO

**Landlord Name:** \_\_\_\_\_ **Landlord Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**OWNER DEPOSIT: \$100    COMMERCIAL DEPOSIT: \$200    RENTER DEPOSIT: \$200**

**Form of Payment:** Check  Check #: \_\_\_\_\_

Cash

Money Order  Money Order #: \_\_\_\_\_

I/WE AGREE THAT THIS APPLICATION FOR UTILITIES, WHEN ACCEPTED, WILL CONSTITUTE A BINDING CONTRACT BETWEEN MYSELF/OURSELVES AND THE MORRIS PUBLIC AUTHORITY.

I/WE AGREE TO BE FULLY RESPONSIBLE FOR ALL UTILITY CHARGES ASSESSED TO ME AT THE ABOVE NOTED PROPERTY. I AGREE TO PROMPTLY PAY FOR UTILITY SERVICES RECEIVED ACCORDING TO THE SCHEDULE OF UTILITY RATES IMPLEMENTED BY THE MPWA. I/WE AGREE TO COMPLY WITH ALL CURRENT AND FUTURE FEDERAL AND STATE LAW, CITY OF MORRIS ORDINANCES AND REGULATIONS AND THE CITY OF MORRIS PUBLIC WORKS AUTHORITY PROCEDURES AND GUIDELINES.

APPLICANTS UNDERSTAND THAT THE ACCOUNT SECURITY DEPOSIT COLLECTED TO OPEN A NEW ACCOUNT WILL BE REFUNDED ONLY TO THE APPLICANT NAMED ABOVE AND ONLY AFTER THE ACCOUNT IS CLOSED AND ALL ACCOUNT CHARGES HAVE BEEN SATISFIED.

I/WE ACKNOWLEDGE AND AGREE THAT THE MPWA MAY COLLECT, USE AND DISCLOSE TO ANY THIRD PARTY ANY AND ALL PARTICULARS RELATING TO MY/OUR PERSONAL INFORMATION FOR THE PURPOSES OF (I) PROVIDING THE REQUESTED SERVICES (II) BILLING AND ACCOUNT MANAGEMENT (INCLUDING DEBT COLLECTION OR RECOVERY); (III) BUSINESS AFFILIATES SERVICES AND OFFERS (UNLESS I/WE DULY INFORM YOU OTHERWISE); (IV) COMPLYING WITH ALL APPLICABLE LAWS, REGULATIONS AND BUSINESS REQUIREMENTS. FURTHERMORE, I/WE AUTHORIZE THE CITY AND ITS VENDORS TO CONTACT ME/US BY ANY MEANS AVAILABLE, NOT LIMITED BY CELL, TEXT OR EMAIL.

**DUE DATE FOR BILLING IS ON THE 15<sup>TH</sup> OF EACH MONTH. IF PAYMENT HAS NOT BEEN RECEIVED, A 10% PENALTY IS APPLIED ON THE 16TH. IN ADDITION, IF A DELINQUENT NOTICE HAS BEEN MAILED, AN ADDITIONAL \$5.00 PENALTY WILL BE ADDED ON THE 20<sup>TH</sup>.**

**I/WE UNDERSTAND THAT SHOULD THE MPWA SCHEDULE TO DISCONNECT MY SERVICE DUE TO NON-PAYMENT, AN ADDITIONAL \$50.00 CHARGE WILL BE APPLIED TO MY ACCOUNT ON 8:00 AM ON SHUT-OFF DAY. THE TOTAL BILL AND \$50.00 PENALTY MUST BE PAID IN CASH. SHOULD I/WE TURN THE WATER BACK ON AT A METER THAT HAS BEEN SHUT-OFF FOR NON-PAYMENT, I/WE WILL BE ISSUED A CITATION FOR METER TAMPERING. TOTAL BILL, METER TAMPERING CITATION AND THE \$50.00 PENALTY PLUS ANY OTHER OUTSTANDING CHARGES ARE DUE BEFORE THE WATER SERVICE WILL BE RESTORED.**

X

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

X

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

\_\_\_\_\_  
DATE