

SOUTHERN MONTGOMERY COUNTY MUNICIPAL UTILITY DISTRICT

www.smcmud.com

COMMERCIAL SERVICE APPLICATION FOR WATER AND SEWER SERVICE

SERVICE ADDRESS: ACCOUNT NO.:

DEPOSIT AMOUNT: \$ RECEIPT NO. TODAY'S DATE:

Company Name: TAX ID:

Business Address: Phone No.

City: State: Zip:

Contact Person: Email:

Management Co. (If applicable): Phone No.:

Contact Person: Email:

Mailing Address for bills (If different than service address):

City: State: Zip:

I request water and sewer service at the above premises and agree to use and pay therefore in accordance with the Order by Southern Montgomery County Municipal Utility District (SMCMUD) Establishing Utility Rates and Adopting Rules and Regulations Relating to the Administration of its Utility Services and Establishing Penalties for Violation of Those Rules and Regulations (Rate Order). I further agree to be responsible for all charges for water and sewer service for the above premises until I request discontinuance of such service and final bill.

I agree: (1) SMCMUD shall not be liable for damage of any kind whatsoever resulting from water or the use of water on the above premises, unless such damage results directly from negligence of SMCMUD. (2) SMCMUD shall not be responsible for damage done by or resulting from any defect in the piping, fixtures or appliances on the above premises; (3) to maintain in serviceable condition all sewer lines within the boundaries of applicant's premises; (4) to furnish and maintain a private cut-off valve on my side of the water meter and (5) SMCMUD shall not be liable for any damage or injury arising from interruption, inadequacy or non-availability of water or sewer service.

I understand that: (1) bills will be figured in accordance with the Rate Order with water services based on the meter reading of the amount consumed for the period; (2) bills due and payable upon presentation and payment may be made on our website at www.smcmud.com or at the SMCMUD office; and (3) bills must be paid prior to the due date. After the due date, penalties and fees may apply.

SMCMUD may terminate water and sewer service for non-payment of the bill.

Date Service Begin _____ Applicant's Signature _____

I UNDERSTAND THAT THESE STATEMENTS ARE MADE IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE DISTRICT.

YOU HAVE A RIGHT TO REQUEST CONFIDENTIALITY OF YOUR PERSONAL INFORMATION HELD BY THE WATER DISTRICT BY PLACING AN "X" IN THE BOX.