



CUSTOMER DEPOSIT RECEIPT
AND AGREEMENT
(Not Transferable)

Mailing Address:
PO Box 808
Milton, FL 32572-0808

Ph: 850-623-4545
Fax: 850-623-1083
www.pointbakerwater.org

RENTER'S AGREEMENT

Date: _____

Date Service Begins: _____

Applicant's Name: _____

Mailing Address: _____

Property Address: _____

Primary Phone #: _____

Secondary Phone #: _____

Social Security #: _____

Driver's License: _____

Employer: _____

The customer hereby pays to the System a security deposit of \$75.00 plus a \$3.00 non-refundable service charge. Only the deposit shall be applied to any unpaid water bills of the customer upon the discontinuance of water service. The deposit balance, if any, shall be refunded to the customer without interest.

Our monthly minimum charge is \$15.00 for 0 to 2000 gallons of water used and then is \$4.20 per 1000 gallons used up to 7,000 gallons and \$4.40 per 1000 gallons thereafter.

Bills are due the 10th of each month. If after the 19th of each month, the current bill is not paid in full a 10% late charge will be added to your bill. If payment is not made by 4:00 pm on the 19th of each month, service shall be discontinued. This date may change due to holidays, etc. Check your bill card for changes. Service will be restored upon payment of all past due amounts plus a \$25.00 delinquent fee. If the account is paid in full by 4:00 pm, service will be restored by the end of the day otherwise it will be restored the next business day. Office is closed on weekends.

A \$100.00 fee will be charged for the destruction/tampering of a locked meter plus repair parts.

In accordance with state regulations, private well's may not be connected to **Point Baker Water System, Inc.**, in any manner whatsoever. **Point Baker Water System, Inc.** will only maintain water service in public right-of-way or approved easements.

Point Baker Water System, Inc., is a non-profit, community owned, water system and was established in 1968. It is a member of the Rural Water Association.

The Manager of the water system is responsible to a nine member Board of Directors, elected by the membership.

I Accept These Conditions:

Signature of Depositor

Race (Voluntary Information):

_____ Am. Indian
_____ Alaskan Native

_____ Black
_____ Asian or Pacific Islander

_____ Hispanic
_____ White

The information solicited on this application is requested by the System in order to assure the federal government that federal laws prohibiting discrimination against applicants on the base of race, color, national origin, sex, marital status, age and handicap are complied with. 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, the System is required to note the race/national origin of the individual applicants on the basis of visual observation or surname. (Contract updated March 2023)

S/O# _____