SEQ:_____

W/O: _____

Farm Hill Utilities, Inc.

120 Madrid Rd. - Cantonment, FL 32533
Phone: (850) 968-2573 Fax: (850) 937-0930

3/4 INCH NEW METER TAP

Account Number: _____
Name: _____
Service Address: _____
_____
Mailing Address: (If Different)
_____
_____

Home Phone: _____
Cell Phone: _____
Email: _____
New Meter: YES

Date: _____
Rent: ____ Own: ____
3/4" Service Connection
Meter Fees: $1,235.00
Membership: $15.00
Impact Fee: $2,500.00
Deposit: $200.00
TOTAL FEE: $3,950.00

If ROAD BORE is required, add $1,000.00.
If required, TOTAL- **$4,950.00**

This is to certify that the above meter deposit has been made with Farm Hill Utilities, Inc. The deposit amount is security for the payment of or to be applied to any and all amounts due upon cancellation of service. The deposit is the only amount that is refundable.

1. The net amount of the bill shall be collected between the 1st and the 15th of each month. The gross amount of the bill is due after the 15th. Failure to receive bills or notices shall not prevent such bills from becoming delinquent nor relieve consumer from payment of bill. If statement is not received, call (850) 968-2573 between the hours of 8:30a.m. and 4:00p.m.
2. The water will be disconnected if payment is not made by 8:30 a.m. on the 21st of each month. The customer will be charged a processing fee of $30.00 and the water disconnected if payment is not received by the disconnect date.
3. If the meter is turned back on after it has been disconnected by a Farm Hill employee for non-payment a $100.00 tampering fee will be charged to the customer on the first offense and the meter removed on the second offense and the customer may be denied water service.
4. Meter box and valve will be unobstructed and accessible to the meter reader at all times. A bush or tree may not hang over a meter box unless it clears the box by at least 6 feet. Fences will need an off-set built around the box or gate within 3 feet. No customer is allowed a connection extension to be made to their service line for the purpose of supplying water to another user.
5. If a customer requests their meter to be re-read and the reading is found correct there will be a $5.00 charge added to the bill. If the reading is incorrect the bill will be adjusted accordingly and no charge will be assessed.
6. Minimum monthly charges and penalties will accrue if Farm Hill Utilities is not notified to make the account inactive due to moving off the system, extended vacations, or any form of interruption of service.
7. The account holder is responsible for any damage to the meter and meter box. Replacement costs will be added to the customer account as well as any back billed usage based on average consumption. It is the customer's responsibility to notify Farm Hill as soon as the damage occurs to avoid average-based back billing.

STATISTICAL INFORMATION

Ethnicity
Hispanic or Latino ____
Not Hispanic or Latino____

Race
American Indian/Alaska Native ____
Asian ____
Black/ African American ____
Native Hawaiian/ Other Pacific Islander ____
White/ Caucasian ____

Gender
Male ____ Female____

I do not wish to furnish this information ____

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD)."

"This institution is an equal opportunity provider and employer." TDD 711

I have read the above and agree to abide by the Rules, Regulations and by-laws of this corporation. I understand my failure to do so may result in the cancellation of water service.

_____ _____
Member Signature Co-Member Signature

**********OFFICE USE ONLY**********

Meter Number_____
Start Read_____
Date Connected_____
Date Closed_____
End Read_____
Refund/Balance_____
Check Number_____

DEPOSIT

Date Paid: _____
Amount: $_____
Check/Cash/CC:_____
Office Staff Signature: _____