

TONOPAH PUBLIC UTILITIES

140 S. Main Street – P.O. Box 151
Tonopah, NV 89049
775.482.6643 Office – 775.482.3778 Fax

**COMMERCIAL
WATER/SEWER SERVICE
APPLICATION**



**APPLICANT NAME/
BUSINESS NAME:** _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

PRIMARY CONTACT: _____ **PHONE:** _____ **EMAIL:** _____

CCOUNTS PAYABLE: _____ **PHONE:** _____ **EMAIL:** _____

OWNER/SUPERVISOR: _____ **PHONE:** _____ **EMAIL:** _____

FAX NUMBER: _____ **SERVICE ADDRESS:** _____

REQUESTED START DATE: _____

Requests for a new meter or change to existing service will also require a "NEW OR ADDITIONAL WATER AND/OR SEWER SERVICE NOT PREVIOUSLY CONNECTED TO SYSTEM" application and approval by the Utility Manager.

DEPOSITS: TPU requires a security deposit for all commercial accounts at the time of application. **\$75.00 SMALL COMMERCIAL ACCOUNTS; \$350.00 FOR LARGE COMMERCIAL ACCOUNTS** as determined by TPU.

NEW ACCOUNT FEES & TERMS: A **new account processing fee of \$10.00 for water and \$10.00 for sewer** will be applied to the customer's first bill. Applicant agrees to comply with the provisions of Town of Tonopah - Tonopah Public Utilities Water, Sewer and Reclaimed Water Regulations and all applicable State and Federal Regulations regarding the use of the service for which customer has applied.

CONNECTION & DISCONNECTION FEES: In the event the customer requests a non-emergency service connection or disconnection between the hours of 3:00 p.m. and 7:00 a.m. on a regular business day customer will be charged a **\$50.00 call out fee**

PAYMENT OF BILLS: Delinquency & Penalties: Billings which are not paid on or before the due date shall be considered delinquent. Delinquent bills shall be subject to a penalty of 10% of the amount due and added to the billing. Accounts 60 days or more past due are subject to termination unless acceptable payment arrangements are made with this office prior to termination. Failure to comply with any payment arrangement may result in termination of service. In the event service is disconnected for nonpayment the account will be assessed an additional **\$25.00 disconnect fee**.

RETURNED CHECKS: A **fee of \$42.00** shall be charged for all returned checks.

THE UTILITY SHALL NOT BE RESPONSIBLE FOR DAMAGE TO PROPERTY CAUSED BY FAUCETS, VALVES AND OTHER EQUIPMENT THAT ARE OPEN WHEN WATER IS TURNED ON AT THE METER, EITHER ORIGINALLY OR WHEN TURNED ON AFTER A TEMPORARY SHUTDOWN.

PURSUANT TO TOWN OF TONOPAH - TONOPAH PUBLIC UTILITIES WATER, SEWER AND RECLAIMED WATER REGULATIONS §6.1.3 FIVE YEARS AFTER THE UTILITY DETERMINES THAT A SERVICE IS ABANDONED, DESERTED, INACTIVE OR REMOVED, THE ERU(S) ASSOCIATED WITH SUCH SERVICE WILL BE CONSIDER NO LONGER VALID AND REVERT TO THE UTILITY.

I hereby acknowledge and agree to the terms and conditions as outlined above. I further agree to comply with the Town of Tonopah - Tonopah Public Utilities Water, Sewer, and Reclaimed Water Regulations, and other related documents and all State and Federal Regulations regarding water service. Copies of the Town of Tonopah - Tonopah Public Utilities Water, Sewer and Reclaimed Water Regulations and other related documents may be obtained at the TPU Office located at 140 S. Main Street, Tonopah, NV or online at www.tonopahnevada.com. Furthermore, I understand and agree, if my account must be referred to a third party for collections, I will be responsible for any and all costs related to the collection action, including but not limited to: collection agency fees, court costs and reasonable attorney fees.

Printed Name of Authorized Signer

Signature Name of Authorized Signer

TPU USE ONLY:

DEPOSIT INFORMATION: DEPOSIT AMOUNT _____

DEPOSIT RECEIPT # _____

Name on Card

Card Number

Expiration

Payment ID

Address

Telephone

TPU METER NUMBER: _____

NOTES/COMMENTS: _____

TPU ACCOUNT NUMBER: _____

ENTERED BY/DATE: _____

This institution is an equal opportunity provider and employer. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at: [How to File a Program Discrimination Complaint](http://www.ascr.usda.gov/complaint_filing_cust.html); http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov

The following information is required by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. 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 this information, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

APPLICANT: _____ **I do not wish to furnish this information**

APPLICANT: Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

Race: _____ American Indian _____ Asian _____ Black/African American

_____ Alaska Native _____ White _____ Native Hawaiian or Other Pacific Islander

CO-APPLICANT: Sex: _____ Male _____ Female

CO-APPLICANT: _____ **I do not wish to furnish this information**

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

Race: _____ American Indian _____ Asian _____ Black/African American

_____ Alaska Native _____ White _____ Native Hawaiian or Other Pacific Islander

Sex: _____ Male _____ Female

APPLICANT CHOSE NOT TO FURNISH THIS INFORMATION, IDENTIFICATION WAS MADE BY:

VISUAL OBSERVATION _____

Application taken by: _____

SURNAME _____