

TONOPAH PUBLIC UTILITIES

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

**HYDRANT METER /RECLAIMED
WATER APPLICATION**



**APPLICANT
NAME/BUSINESS** _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

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

ACCOUNTS PAYABLE: _____ **PHONE:** _____ **EMAIL:** _____

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

FAX NUMBER: _____ **Meter Location when not in use
(hydrant meter customers only)** _____

HYDRANT METER/PULL CUSTOMERS - PLEASE INITIAL BELOW ACKNOWLEDGING YOU HAVE READ AND UNDERSTAND THE FOLLOWING:

____ 1. The hydrant meter provided to CUSTOMER is the property of TPU and is to be used for temporary construction purposes only. UTILITY will designate and authorize the location where CUSTOMER will connect to receive temporary hydrant metered water. The CUSTOMER shall provide TPU with the actual location/address where the hydrant meter is stored when not in use. Failure to return the meter in the condition which it was received will result in charges to the CUSTOMER for replacement or repair costs.

____ 2. TPU requires a security deposit in the amount of \$350.00, and an equipment deposit in the amount of \$800.00 prior to releasing equipment.

____ 3. Meter reads or load logs will be collected by TPU no later than the 20th of each month. Billings are presented to customers the 1st day of each month and considered delinquent if payment is not received by the 18th of each month.

____ 4. Delinquent billings shall be subject to a penalty of 10% of the amount due and added to the billing.

____ 5. A fee of \$42.00 shall be charged for all returned checks.

RECLAIM WATER CUSTOMERS - PLEASE INITIAL BELOW ACKNOWLEDGING YOU HAVE READ AND UNDERSTAND THE FOLLOWING:

____ 1. CUSTOMER acknowledges receipt of the TPU Effluent Management Plan for Construction Water Use of Reclaimed Water and agrees to comply with the conditions as set for in the Plan.

____ 2. TPU requires a security deposit in the amount of \$75.00 at the time of application for service.

____ 3. Meter reads or load logs will be collected by TPU no later than the 20th of each month. Billings are presented to customers the 1st day of each month and considered delinquent if payment is not received by the 18th of each month.

____ 4. Delinquent billings shall be subject to a penalty of 10% of the amount due and added to the billing.

____ 5. A fee of \$42.00 shall be charged for all returned checks.

ALL TRUCKS USING HYDRANT METERS OR RECLAIMED WATER TRUCK FILL STAND MUST BE INSPECTED BY TPU PERSONNEL PRIOR TO USING TPU EQUIPMENT.

Date Inspected: _____ **Inspected By:** _____

I hereby acknowledge and agree to the terms and conditions as outlined below. 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 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.

Print Name of Authorized Signer

Signature of Authorized Signer

TPU USE ONLY:			
DEPOSIT INFORMATION:		Security Deposit: _____	Equipment Deposit: _____
		CK #: _____	CK #: _____
Name on Card	Card Number		Expiration
Payment ID		Address	Telephone
DATE METER RECEIVED: _____		BEGINNING READ: _____	
DATE METER RETURNED: _____		ENDING READ: _____	
HYDRANT METER #: _____		ID #: _____	
TPU ACCOUNT NUMBER: _____		METER LOCATION WHEN NOT IN USE: _____	

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
 Sex: _____ Male _____ Female

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

CO-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
 Sex: _____ Male _____ Female

APPLICANT CHOSE NOT TO FURNISH THIS INFORMATION, IDENTIFICATION WAS MADE BY: Visual Observation _____ **Surname** _____

Application Received by: _____