

TONOPAH PUBLIC UTILITIES

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

**RESIDENTIAL
 WATER/SEWER SERVICE
 APPLICATION**



APPLICANT		CO-APPLICANT (IF APPLICABLE)	
NAME		NAME	
MAILING ADDRESS		MAILING ADDRESS	
CITY/ST/ZIP		CITY/ST/ZIP	
TELEPHONE		TELEPHONE	
EMAIL		EMAIL	
EMPLOYER		EMPLOYER	
EMPLOYER ADDRESS		EMPLOYER ADDRESS	
CITY/ST/ZIP		CITY/ST/ZIP	
EMPLOYER PHONE		EMPLOYER PHONE	
REQUESTED SERVICE ADDRESS		REQUESTED START DATE	-
Number/Street Name		Applications received after 3:00 pm will be processed the next regular business day.	
OWN _____ *RENT _____ PLEASE CHECK ONE		*COPY OF RENTAL AGREEMENT REQUIRED FOR ALL RENTAL PROPERTIES.	
Do you currently or have you previously had an account with TPU? YES _____ NO _____			
Is service requested for a newly placed manufactured or mobile home? YES _____ NO _____			
<i>Request for service for water and sewer not previously connected to the Utility system must also complete a "NEW OR ADDITIONAL WATER AND/OR SEWER SERVICE NOT PREVIOUSLY CONNECTED TO SYSTEM" application and will require approval by the Utility Manager.</i>			
TPU Use Only			
ACCT: _____		APPLICANT'S ID #: _____	
METER: _____		SPECIAL INST.: _____	
DEPOSIT: YES / NO		DEPOSIT AMOUNT: \$ _____	
SEC. DEP. TRANS FROM ACCT #: _____		DEPOSIT #: _____	
DATE RECEIVED: _____		PMT ID #: _____	
RECEIVED BY: _____		WORK ORDER #: _____	
ENTERED: _____		OWNER: _____	

DEPOSITS: Residential Customers are required to pay a **\$75.00 security deposit**. Deposits may be waived at the discretion of the Accounts Supervisor or the Administrative Manager.

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 he/she 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 UNDERSTAND AND AGREE THAT 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 FEES, COURT COSTS AND REASONABLE ATTORNEY FEES.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE (IF APPLICABLE)

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
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: _____