



CITY OF ELKO WATER DEPT
1751 COLLEGE AVENUE
ELKO, NV 89801
(775) 777-7135
(775) 777-7136
775-777-7106 FAX

Request for Treated Effluent Construction Water Svc.

RESPONSIBLE PARTY: _____
NAME

MAILING ADDRESS

CITY, STATE, ZIP PHONE NUMBER

LOCATION OF WATER SERVICE HOOK- UP: _____

PURPOSE FOR WHICH WATER WILL BE USED: _____

SIZE OF TANK (IF APPLICABLE): _____

DATE OF HOOK-UP: _____

I, _____ the responsible party agree to pay any and all charges accrued on this account as pertaining to construction water.

I agree to pay \$.40 per 1000 gallons or a minimum fee of \$15.00 for each month that construction water is used. This fee applies if a maximum of 10,000 gallons or less is used within the period of one month. If water is not used, the minimum will not be billed.

I agree to pay a \$75.00 hook up fee. I also agree to pay an annual fee of \$25.00 for each additional year from the date of application for which construction water is requested or each meter relocation.

I agree to pay the amount due in full within thirty (30) days after billing. If billing is not paid in full, a 1.5% late penalty will be assessed.

IN CASE OF EMERGENCY OR SHORTAGE OF WATER YOUR SERVICE MAY BE DISCONTINUED WITHOUT NOTICE.

SIGNED: _____ DATE: _____
Fritz Sawyer, Water Reclamation Facility Superintendent 777-7386

APPROVAL: _____ DATE: _____
Jonnye Jund Accounting Supervisor 775- 777-7141

METER# _____ BEGIN READ _____ END READ _____

DATE _____ INITIAL _____ ACCT # _____