

CROSS ROADS SPECIAL UTILITY DISTRICT
P.O. BOX 1001
KILGORE, TX 75663-1001

APPLICATION FOR SERVICE PACKET

Welcome to the Cross Roads Special Utility District Service Area. This packet contains the forms necessary to obtain water service. We are required to inspect the plumbing of all new homes and existing homes being remodeled for compliance of lead content rules, plumbing fixtures and any potential cross connections. We can only provide a temporary service for new home construction until the inspection is performed and all required forms are completed.

CRSUD'S CROSSCONNECTION POLICY REQUIRES hose-bib vacuum breakers to be installed on all outside hose bibs (Faucets) on new houses. The plumber should install them during construction.

Backflow prevention devices such as hose-bib vacuum breakers will be installed on all new homes when inspected as a safeguard of the water system. However, this does not eliminate the customer's obligation to prevent any possible cross connections that could create a potential health hazard and result in water service disconnection. CAUTION: When a check valve or backflow prevention device is installed, a "closed system" may occur and the customer is responsible to be sure a pressure relief valve is installed and functioning properly or an expansion tank is installed on all hot water heaters.

Water bills are mailed to customers by the first of each month and are due upon receipt. If you do not receive a bill, call the office for your account information. Water payments are past due on the 15th of each month and late charge of \$10 will occur on any unpaid balances on the 16th of each month. Any unpaid bill will be subject to disconnection 10 working days from the printing date of the past due bill each month and a \$25 reconnection fee will be charged for any meter locked out for non-pay.

A monthly service availability fee (minimum fee) is due for each meter whether or not water is used during the month. This fee is charged every month that the meter is in service and the proper procedures are taken to discontinue service.

The water office hours are Monday through Friday from 8:00 A.M. to 12 noon and 1:00 P.M. to 4:00 P.M. A night deposit box is provided for after hour's convenience. We discourage drop payments in cash and cannot be responsible for unsecured cash.

If you have any questions or comments please call the office at 903-984-8014.

I have read and do understand these terms of service. I further represent to the District that my spouse joins me in this decision and I am authorized to execute this agreement on behalf of my spouse.

Customer Signature

Co-Applicant Signature

CRSUD Representative

Date

COPY THE EXECUTED DOCUMENT FOR THE NEW CUSTOMER

CROSS ROADS SPECIAL UTILITY DISTRICT
SERVICE APPLICATION AND AGREEMENT

Please Print: DATE _____

APPLICANT'S NAME _____

CO-APPLICANT'S NAME _____

BILLING ADDRESS: _____ FUTURE BILLING ADDRESS: _____

PHONE NUMBER – Home (____) ____ - _____ Work (____) ____ - _____

EMAIL ADDRESS: _____

PROOF OF OWNERSHIP PROVIDED BY _____

DRIVER'S LICENSE NUMBER OF
APPLICANT _____

LEGAL DESCRIPTION OF PROPERTY (include name of road, subdivision with lot and block number)

PREVIOUS OWNER'S NAME AND ADDRESS (if transferring Deposit)

ACREAGE _____ HOUSEHOLD SIZE _____

NUMBER IN FAMILY _____ LIVESTOCK & NUMBER _____

SPECIAL SERVICE NEEDS OF APPLICANT: _____

NOTE: FORM MUST BE COMPLETED BY APPLICANT ONLY. A MAP OF SERVICE LOCATION
REQUEST MUST BE ATTACHED.

The following information is requested 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 it, we are required to note the race/national origin or individual applicants on the basis of visual observation or surname.							
<input type="checkbox"/> White, not of Female	<input type="checkbox"/> Black, Not of	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian or	<input type="checkbox"/> Other	<input type="checkbox"/> Male	<input type="checkbox"/>
Hispanic Origin	Hispanic Origin			Pacific Islander	(Specify)		

EQUAL OPPORTUNITY PROGRAM

Applicant Signature _____

Co-Applicant Signature _____