



<i>(For office use only)</i>	
Deposit \$ _____	Connect \$ _____

Customer Fax # _____

Customer Email Address _____

Application must be completed and returned to our office for services to be rendered. If you are unable to come into the office, you may have this form notarized and faxed back along with a copy of your proof of residency and photo ID to 281-807-9299 or email to customerservice@topswater.com . Our office number is 281-807-9500.

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PRIMARY PHONE: _____ MOBILE PHONE: _____

LAST FOUR DIGITS SSN OR EIN: _____ DOB: ____/____/____ DRIVERS LIC #: _____ ST: _____

RENT: _____ OWN: _____ REQUESTED START DATE: _____

SERVICE AGREEMENT

I. PURPOSE. The _____ (hereinafter referred to as the “District”) is responsible for protecting the drinking water supply from contamination or pollution which could result from improper plumbing practices. The purpose of this Service Agreement is to notify each customer of the plumbing restrictions which are in place to provide this protection. The District enforces these restrictions to ensure the public health and welfare. Each customer must sign this agreement before the District will begin service. In addition, when service to an existing connection has been suspended or terminated, the District will not re-establish service unless it has a signed copy of this agreement.

II. PLUMBING RESTRICTIONS. The following unacceptable plumbing practices are prohibited by State regulations.

- A. No direct connection between the public drinking water supply and a potential source of contamination is permitted. Potential sources of contamination shall be isolated from the public water system by an air-gap or an appropriate backflow prevention device.
- B. No cross-connection between the public drinking water supply and a private water system is permitted. These potential threats to the public drinking water supply shall be eliminated at the service connection by the installation of an air-gap or a reduced pressure zone backflow prevention device.
- C. No connection which allows water to be returned to the public drinking water supply is permitted.
- D. No pipe or pipe fitting which contains more than 0.25% lead may be used to the installation or repair of plumbing at any connection which provides water for human use.
- E. No solder or flux which contains more than 0.2% lead can be used for the installation or repair of plumbing at any connection which provides water for human use.

III. SERVICE AGREEMENT. The following are the terms of the Service Agreement between the District and

_____ (the “Customer”).

(Customer Name)

- A. The District will maintain a copy of this agreement as long as the Customer and/or the premises is connected to the District's water system.
- B. The Customer shall allow his property to be inspected for possible cross-connections and other unacceptable plumbing practices. These inspections shall be conducted by the District or its designated agent prior to initiating new water service; when there is reason to believe that cross-connections or other unacceptable plumbing practices exist; or after any major changes to the private plumbing facilities. The inspections shall be conducted during the District's normal business hours.
- C. The District shall notify the Customer in writing of any cross-connection or other unacceptable plumbing practice which has been identified during the initial inspection or the periodic re-inspection.
- D. The Customer shall immediately correct any unacceptable plumbing practice on his premises.
- E. The Customer shall, at his expense, properly install, test, and maintain any backflow prevention device required by the District. Copies of all testing and maintenance records shall be provided to the District.

III. ENFORCEMENT. If the Customer fails to comply with the terms of this Service Agreement, the District shall, at its option, terminate service or properly install, test, and maintain an appropriate backflow prevention device at the service connection. Any expenses associated with the enforcement of this Service Agreement shall be billed to the Customer.

CUSTOMER NAME: (Typed/Printed) _____

CUSTOMER SIGNATURE: _____

TITLE (if applicable) _____ DATE: _____

SERVICE ADDRESS: _____

CONFIDENTIAL SECURITY PHRASE (mother's maiden name, last 4 digits of SSN, favorite pet name, etc.) _____ Security phrase answer: _____
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NOTICE OF AVAILABILITY OF CONFIDENTIALITY OF CUSTOMER INFORMATION
<p>The Texas Legislature has enacted House Bill 859, which provides that a government-owned utility, such as the District, may not disclose personal information in a customer's account, such as customer address, telephone number, or social security number, if the customer request is made, the District may be required to release such information. If you wish to have this information kept confidential from an Open Records request, please check the box on the form below. Please note that the confidentiality request applies ONLY to your current account and ONLY if you requested it in writing. If you transfer within the District and establish a new account, YOU MUST FILL OUT A NEW REQUEST. You may also withdraw your confidentiality request by sending written notice to the District.</p> <p><input type="checkbox"/> PLEASE CHECK BOX IF REQUESTING CONFIDENTIALITY. The undersigned customer of the District requests that the District keep confidential the customer's address, telephone and social security number. The undersigned acknowledges that this request is only valid for the current customer account.</p> <p>Signed: _____</p> <p>Printed Name: _____ Date: _____</p>

State of Texas

County of Harris

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed in the foregoing instrument, and acknowledged to me that he/she executed the same for the purposed and considerations therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this _____ day of _____, 20_____.

 Notary Public in and for the State of Texas