

****OFFICE COPY****

- 19) Pine Hill accepts cash, check, money orders, and debit/card for regular payment.
- 20) Pine Hill offers Automatic Bank Draft through our office if you have a valid checking account.
- 21) Pine Hill has a website** www.pinehillwaterworks8.myruralwater.com** where customers may register their account and pay their monthly bill online.
- 22) **Billing is completed on the last day of each month. Sometimes the last day of the month may fall on a Saturday or Sunday, in that case billing will be completed on that Friday before the last day. All customers will be charged from the date they request to start up service. This includes all customers that start service in the last few days of the month that they come into the office.
***Example: If you come in Wednesday the 29th of the month, and the 30th is the last day of the month at which billing will be completed, you will receive a one-day bill. Pine Hill Water Works does not prorate; we have a flat base rate charge.

\$35.00 Administrative Fee (nonrefundable) and must be paid by cash, check, money order or debit/credit card.

A \$1.00 Safe Water Drinking Act Fee is charged each month totaling \$12.00 annually.

This is enacted by Act 605 of the 2016 Regular Session of the Louisiana Legislature and Louisiana Department of Public Health.

Deposit***\$200.00 --- RESIDENTAL ***\$500.00 --- COMMERCIAL LV1 & LV2

**\$2500.00---COMMERCIAL LV3 (must be paid by cash or money order only).

This is refundable after final bill.

Today's Date: _____ Move in Date: _____

Account number: _____

By signing below, you are acknowledging that you have read and agree to this contract.

Only a copy of the customer's ID will be kept on file. The SSN will be written after verification of valid document.
PHWW privacy policy: Customer's information will not be released without customer's consent. The consent must be verified with the customer that is on the account.

Customer Signature: _____

Pine Hill Staff: _____

(Please print)

Customer Name: _____

Phone: _____

SSN:/TIN: *SS Card _____ *TIN/Please provide W-9 form

Email: _____

***Mailing Address (if different from service address):

